

STANDARD CERTIFICATE OF DEATH

30978

State File No. _____

Registrar's No. 7

Registration District No. 624 252

Primary Registration District No. 5826 5856

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Nodaway
 (a) County _____
 (b) City or town Nopkins, R.F.D.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Entire Life years, months or days

3. (a) PRINT FULL NAME Susie Ophelia Young
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female Color or race White
 5. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mart Young
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Mich. 18 1866
 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace Hopkins, R.F.D. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Grable
 13. Birthplace Unknown Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Ann Morehouse
 15. Birthplace Unknown Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Young
 (b) Address Hopkins Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Hopkins, Mo

18. (a) Signature of funeral director Stanley Swanson
 (b) Address Hopkins Mo
 19. (a) 9/12/42 (Date received local Registrar) (b) OST Saylor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 74
 (a) State Missouri (b) County Nodaway
 (c) City or town Hopkins, R.F.D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
 year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11/1, 1942 to 9/11, 1942
 that I last saw her alive on 9/5/42 and that death occurred on the date and hour stated above.

Immediate cause of death Osteoarthritis

Due to _____
 Due to 596
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature OST Saylor (M. D. _____) Date signed 9/12/42
 Address Hopkins

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Holperin, Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.