

FILED OCT 6 1942
Registration District No. 273

Primary Registration District No. 6269

Registrar's No. 94

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

112
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1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town E. Ozark Township - Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. E. Ozark Township
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Daisy Victoria Young
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September, day 1
 year 1942 hour 7 minute A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ed Young
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 28 - 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 21, 1942 to Sept 1, 1942
 that I last saw him alive on Aug 31, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 5 Days 3
 If less than one day X hr. X min.

Immediate cause of death Coronary occlusion
 Due to Sorte 30 yrs
 Due to

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home

Other conditions 94a
(Include pregnancy within 3 months of death)
 Major findings: 94a
 Of operations

MOTHER FATHER
 { 12. Name William Henry Osborn
 { 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mrs. Ragsdale
 { 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant Ed Young
 (b) Address Marshfield, Missouri
 17. (a) Burial (b) Date thereof Sept 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ebenezer

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Ed Young
 (b) Address Marshfield, Missouri
 19. (a) Sept 31/42 (b) J. Osborn
(Date received local registrar) (Registrar's signature)

While at work? 94a (Specify type of place) Means of injury

23. Signature J. Osborn (M. D. or other)
 Address Marshfield, Mo Date signed 9/1/42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1421

Date Filed OCT 5 1942

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 _____

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

Signed _____

L. L. Finney
Licensed Embalmer No. 3372

P. O. Address Marshfield, Missouri

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.