

FILED NOV 11 1942

Registration District No. ....

Primary Registration District No. 52-28

Registrar's No. 5

43  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Montgomery-Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43

(c) City or town Montgomery-Rural  
(If outside city or town limits write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Franklin Young

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex mo 5. Color or race wh 6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Sarrett Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 4 1848  
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name David Young

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Myers

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Dietz

(b) Address Quincy, Mo

17. (a) Burial (b) Date thereof 10/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion Cemetery

18. (a) Signature of funeral director JR Luckey

(b) Address Wheatland, Mo.

19. (a) Oct 5 - 42 (b) Mary F. Carlshaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1942 to Oct-1- 1942  
that I last saw him alive on Sept-14- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myo Carditis Several years.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 A.S. Johnston (M. D. or other) \_\_\_\_\_  
Address Wheatland Mo Date signed 10-2-1942

RECEIVED

District Health Officer No. 7

District File Number 11-42-1144

Date Filed 11-5-42

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

Signed

*J. P. Luckey*

Licensed Embalmer No. 13982

P. O. Address Whittand

**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.