

STANDARD CERTIFICATE OF DEATH

State File No. 37183

REGISTRATION DISTRICT NO. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town TRENTON

(c) Name of hospital or institution: 1208 Ridgway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town TRENTON
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Ridgway Ave
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FRANKLIN BLYOUNG

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Young

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Aug 7 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Otsego County, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor & Architect

11. Industry or business Contracting

MOTHER FATHER

12. Name John James Young

13. Birthplace Otsego County, New York
(City, town, or county) (State or foreign country)

14. Maiden name Marilla Mills

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

16. (a) Informant Nellie Young Roberts

(b) Address Trenton, Mo

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Merina Cemetery, Belton, Mo

18. (a) Signature of funeral director Blaine J. ...

(b) Address Trenton, Mo

19. (a) 11-25-42 (b) Nada Hoffmann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1942 hour 9:25 minute A M.

21. I hereby certify that I attended the deceased from April 10, 1942, to Oct. 23, 1942
that I last saw him alive on Oct. 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 7 mo

Due to arteriosclerosis few years

Due to

Other conditions 83a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 83a
Of operations
Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Blaine J. ... (M. D. or other)
Address Trenton Mo Date signed 11-22-42

1202

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

40
1
2

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: *Robert B. Janis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, 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.