

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1258

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)  
In this community abt 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 503 Antoine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1942 hour 6:15 minute P M.  
21. I hereby certify that I attended the deceased from 12-14-42  
1942 to 12-15-42  
that I last saw him alive on 12-15  
and that death occurred on the date and hour stated above.  
Immediate cause of death hypertension  
chronic nephritis - uremia  
mal-nutrition

Due to 12-14-42 to 12-15-42  
Due to 12-15-42  
Other conditions scintill  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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) no  
(b) Date of occurrence no  
(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 Doctor Smith (M. D. or other)  
Address Wagon Road Date signed 12/15/42

3. (a) PRINT FULL NAME WILLIAM-A-YOUNG  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 19 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name William Young

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

14. Maiden name Dorah E. Young

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

16. (a) Informant Mrs. W. O. Young

(b) Address 2426 N 7th

17. (a) no (b) Date thereof Dec 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not known

18. (a) Signature of funeral director St. Joseph

(b) Address St. Joseph

19. (a) 12-16-42 (b) Robert Young  
(Date received local registrar) (Registrar's signature)

Wright-Hunt  
Community Hall

JAN 19 1943

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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

*John Roy Stanley*

Licensed Embalmer No.

*2435*

P. O. Address

*21 Joseph St.*

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.