

FILED JAN 13 1943

Registration District No. 6

Primary Registration District No. 5246

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Musselton  
(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. 4 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Marceline Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7th S & W of Mike  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Minnie Young

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife E B Young 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Sept 16 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Chariton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Lewis Coleman  
13. Birthplace Chariton Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Bealer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant M L Young  
(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Dec 22 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grubbs Keytesville Mo

18. (a) Signature of funeral director James M Raughlin

(b) Address Marceline Mo

19. (a) 1/29/42 (b) Raughlin  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 26 1944 to Dec 20 1942  
that I last saw her alive on Nov 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral emboli  
Duration one month

Due to Cerebral haemorrhage and hemiplegia 10 years  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a  
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 U. G. Duck (M. D. or other M.D.)  
Address Bothville Mo Date signed 2-21-42

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

RECEIVED

District Health Officer No. 8;

District File Number \_\_\_\_\_

Date Filed 1-9-43

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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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.