S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41164

FILED JAN -8 1943

Registration District No. 74 Primary Registration District No. 3035 Registrar's No. 71

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Lexington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1213 Main (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: 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lafayette
(c) City or town: Lexington (If outside city or town limits, write "RURAL")
(d) Street No.: 12th Main (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

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3. (a) PRINT FULL NAME: PAUL YOUNG
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Ma
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Dec. (Month) 7 (Day) 1878 (Year)
8. AGE: Years 64 Months 0 Days 13 If less than one day ..... hr. ..... min.
9. Birthplace: Wadaway Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business: 0
FATHER 12. Name: Thomas C. Young
FATHER 13. Birthplace: Ky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emma B Warren
MOTHER 15. Birthplace: Ill Miss (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lee Hoard
(b) Address: Lexington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington Mo
18. (a) Signature of funeral director: Winkler
(b) Address: Lexington, Mo
19. (a) 1-2-43 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th year 1942 hour Seven minute 40 P.M.
21. I hereby certify that I attended the deceased from December 8th, 1942, to December 20, 1942; that I last saw him alive on December 20, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	12 days
Due to: Myocardial Degeneration chronic and Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

93d

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

23. Signature: Betty J. Slaughter (M. D. or other) DO
Address: Lexington, Missouri Date signed: Dec. 20 1942

113 8 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-43

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 Ernest F. Kempel

Licensed Embalmer No. 3275

P. O. Address Lexington, Ill.

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.