

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41583

State File No.

FILED JAN -8 1943
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 416

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 728 East 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Clate Young

3. (b) If veteran, none name war
3. (c) Social Security none No.

4. Sex Male 5. Color or race White 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 Oct. 24, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation farmer---retired

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown 9 (City, town, or county) (State or foreign country)
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Rosanne Dugan-County Welfare
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 12/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Rosanne Dugan
(b) Address Sedalia, Missouri

19. (a) 12/22/42 (b) Rosanne Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Pettis 80
(a) State. (b) County.
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 728 East 5th 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from DEC 17 1942 to DEC 20 1942
that I last saw him alive on DEC 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension and Senility

Due to 83a

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) (c) Means of injury

23. Signature W. I. Bishop (M. D. or other) O
Address Sedalia Mo Date signed 12-22-42

(Licensed Embalmer's Statement on Reverse Side)

1042

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-7-43

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

Quane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.