

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1942
Registration District No. 3432

Primary Registration District No. 4488

Registrar's No.

100
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Marley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 25 years
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Basal Young

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Docia Young 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 4 1971
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Benton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Frank Young

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

14. Maiden name Sarah Burton

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

16. (a) Informant Clyde Young

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Marley Cem.

18. (a) Signature of funeral director Richard Hoff & Hubbard

(b) Address Chaffee Mo

19. (a) 12-31-1942 (b) Mrs. W. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1942 hour 11 minute 45 PM

21. I hereby certify that I attended the deceased from 19..... to 19.....; that I last saw h..... alive on 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Myocarditis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 934

Major findings:
Of operations.....

Of autopsy.....

Duration

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 Clyde Poe 3 Bellevue
Address Clown Mo Date signed 12/29/42

RECEIVED

District Health Office No. 2,

District File Number 143-48

Date Filed 1-8-43

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address JACKSON 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.