S. No. 2
9-4-41
5-17-39
PI X29484

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. 2028

FILED FEB 13 1943

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Corner Bromfield Rd + N. Main 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1904 Hayselton
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JAMES McKenna Young
3. (b) If veteran, name war: none
3. (c) Social Security No. 490-09-5926

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: 490-09-5926
6. (b) Name of husband or wife: Helen Rowart Young
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: June 25, 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson City, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Oberman & Co.

FATHER
12. Name: Dr. Robert E. Young
13. Birthplace: Jefferson City, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lottie McKenna
15. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)

16. (a) Informant: Robert Young
(b) Address: Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-43 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Resurrection Cemetery
18. (a) Signature of funeral director: Lyle Lester Lulle
(b) Address: Jefferson City, Mo.
19. (a) 1-7-43 (Date received by registrar) (b) Thelma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1943 hour 7 minute 30 a. M.
21. I hereby certify that I attended the deceased from M O attended all
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Disease — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: none

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: Eric Maurer (M. D. or other)
Address: Jefferson City, Mo. Date signed 1-7-43

(Licensed Embalmer's Statement on Reverse Side)

See over

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~~ Sylvester Lulle, Registered Apprentice No. ..... working under my personal supervision.

Signed Sylvester Lulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.

S. No. 2B
M—8-21-41
I X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

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Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(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

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

3. (a) PRINT FULL NAME James McKenna Young
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Disease
Probably Coronary
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 94a
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY