

ED FEB 5 1943
Registration District No. 208

Primary Registration District No. 5761

64
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town rural, Liberty Twp.

(c) Name of hospital or institution: Liberty Township

(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)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town rural

(d) Street No. Liberty Township

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Oscar B. Youngreen

3. (b) If veteran, No name war

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24

year 1943 hour 2 minute 00 a. M.

21. I hereby certify that I attended the deceased from January 24 1943 to July 27 1942.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Muder

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 14 1867

(Month) (Day) (Year)

that I last saw him alive on 19 ;

and that death occurred on the date and hour stated above

Immediate cause of death fatal history Coronary thrombosis Duration 13-h

was dead when arrived

8. AGE: Years Months Days If less than one day

75 5 10 hr. min.

Due to arrived

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Galesburg Illinois

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business Thomas Youngreen

12. Name No record

13. Birthplace London

(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Miss Margaret Youngreen

(City, town, or county) (State or foreign country)

16. (a) Informant Palmyra, Mo.

(b) Address Burial

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?

17. (a) (Burial, cremation, or removal) Greenwood, Palmyra

(b) Date thereof 1/28/43

(c) Place: burial or cremation

18. (a) Signature of funeral director Lewis Brown

(b) Address Palmyra, Mo.

19. (a) 1-26-43 (Date received local registrar)

Miss Margaret Maddox (Registrar's signature)

While at work (Specify type of place) (c) Means of injury

23. Signature G. A. Coe (M. D. or other)

Address Palmyra Mo Date signed 1-26-43

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 Leah Lewis
Licensed Embalmer No. 2382
P. O. Address Palmyra 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.