

S. No. 2  
-1-4-41  
5-17-41  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3057

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. 268

Primary Registration District No. 5906

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Peach Orchard  
(c) Name of hospital or institution: Little River J. H.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot  
(c) City or town Peach Orchard  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Winchester C. 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 Widowed  
6. (b) Name of husband or wife Fate E. Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 24 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isaac Young  
13. Birthplace Missouri  
14. Maiden name Caroline Hutchinson  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Young  
(b) Address Reggie's camp - Mo.  
17. (a) Burial (b) Date thereof Dec 12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Gilead

18. (a) Signature of funeral director London Funeral Home while at work? \_\_\_\_\_ (Specify type of place)  
(b) Address Campbell, Mo. (c) Means of injury \_\_\_\_\_  
19. (a) Feb 1-43 (b) J. L. Cressy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 10th, year 1942 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from one call  
December 10, 1942 to 10;  
that I last saw him alive on December 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
chronic bronchitis Duration 10 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_

23. Signature George R. Pennington (M. D. or other) \_\_\_\_\_  
Bibleon, Mo. Date signed 12-11-42  
Address \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

78  
0  
0

1-5-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**