

FILED MAR 6 1943
Registration District No. 318

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENSB
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days
(Specify whether
In this community 44 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State South Carolina (b) County Greenville
(c) City or town Greenville
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mayfield Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 2

3. (a) PRINT FULL NAME WILLIE YOUNG

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

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married (S)

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

7. Birth date of deceased March 31 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 28 10 25 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant WD, AGO Forms #20 and #24

(b) Address _____

17. (a) Removal (b) Date thereof Feb. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Georgia

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-27-43 (b) Handwritten
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1943 hour 6 minute 06 A.M.

21. I hereby certify that I attended the deceased from January 11, 1943 to February 26, 1943
that I last saw him alive on February 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Visceral hemorrhage, multiple Duration 1 day
Due to Fever therapy, reaction from 1 day
Gonorrhoea, chronic. 3 mos.

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

Major findings: Of operations _____

Of autopsy Confirmation of above diagnoses.

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) _____
(e) Means of injury _____

23. Signature Morris Beck, Captain, M.C. (M. D. or other)
Address O'Reilly Gen. Hospital Date signed 2/27/43

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

629

X28390

MOTHER FATHER

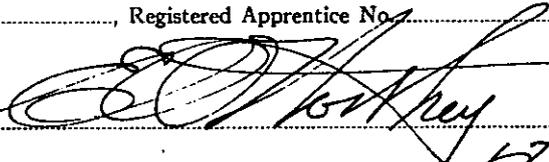
25:2

PHYSICIAN
Underline the cause to which death should be charged statistically.

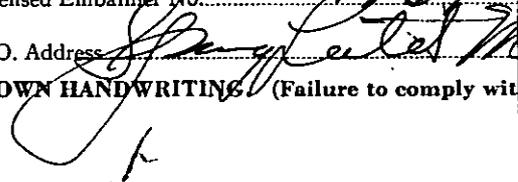
STATEMENT BY LICENSED EMBALMER

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. 1767

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.