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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6869

ED MAR 11 1943

Registration District No. 779

Primary Registration District No. 6668

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

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Clark Jct  
(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 \_\_\_\_\_)  
In this community 7 yr (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln <sup>57</sup>

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANK HERSHEY YOUNG

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-3404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 12 1943, to Feb 12 1943

4. Sex Male 6. Color or race white

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

6. (b) Name of husband or wife Ruby Young 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept 23 1878  
(Month) (Day) (Year)

that I last saw him alive on Feb 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis <sup>Duration 10 hours</sup>

8. AGE: Years 64 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mount Joy Penna  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 940

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Contractor

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

MOTHER FATHER

12. Name Henry K Young

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

14. Maiden name Susan Hershey

15. Birthplace Mount Joy Penna  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ruby Young

(b) Address Mason Mills Mo.

17. (a) Cremation (b) Date thereof Feb 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wayne McGoey

(b) Address Jray Mo.

19. (a) Feb. 27-43 (b) Wm Roy Jackson  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature Joe Lebeck (M. D. or other) MD

Address Jray Mo Date signed 2/13/43

**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.....

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, above space should be left blank.**