V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8012

FILED FEB 26 1943

Registration District No. 3174 Primary Registration District No. 6275 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural, Smithfield
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth 113
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Allendale
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME WILLIAM HARVEY 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 Married
6. (b) Name of husband or wife Hattie Belle Young
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct (Month) 24 (Day) 1881 (Year)

8. AGE: Years 62 | Months 3 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Allendale (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business /

MOTHER
12. Name John William Young
13. Birthplace Allendale Co (City, town, or county) Ind. 1 (State or foreign country)

FATHER
14. Maiden name Katherine Gregg
15. Birthplace Bunsoy (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Hattie Belle Young
(b) Address Allendale, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Allendale Cem.
18. (a) Signature of funeral director Geo. C. Temple
(b) Address Grant City, Mo.
19. (a) Feb 5-1943 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day Jan
year 1943 hour 2 minute 05 P.M.
21. I hereby certify that I attended the deceased from Jan 17 1943 to Jan 31 1943 that I last saw him alive on Jan 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia -	12 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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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 D. Ross M.D. (M. D. or other)
Address Grant City Mo. Date signed 2-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 Jack C Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.