

FILED APR 14 1943

Registration District No. 7

Primary Registration District No. 3088

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Yellow No  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:  
State No. 20, 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since May 16-42  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Young (Mrs. H.H.)

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced, widow Divorced Widow

6. (b) Name of husband or wife H.H. Young

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

7. Birth date of deceased atg 12 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	13	hr. _____ min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name Marshall Kinney

13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Kinney

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 3 4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation New Florence Call.

18. (a) Signature of funeral director W. E. Starnale

(b) Address Mainly City Mo

19. (a) March 1-43 (b) Joan Morrisonhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11-20 1942 to 3-1 1943

that I last saw her alive on 2-1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death bronchitis  
pneumonia

Due to senile psychosis

Due to cerebral  
hemorrhage

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

Major findings: 107  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. E. Starnale (M. D. or other) \_\_\_\_\_

Address St. Louis Mo Date signed 1-43

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

14  
1  
2

**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 on the 15<sup>th</sup>  
day of March 1943 ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature] .....

Licensed Embalmer No. 1484 .....

P. O. Address. Waukegan, Ill .....

**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.