

S. No. 2
M-2-43
5-17-39
1 X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22319

State File No. _____

LED JUL 7 1943

Registration District No. 316

Primary Registration District No. 305-9

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Corone Mine
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Corone Mine Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) -PRINT FULL NAME JOHN S. YOUNGERVICKEL

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 47 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer, Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Name

(b) Address None

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation ST Francois MO

18. (a) Signature of funeral director V. J. Boyer

(b) Address Wesley MO

19. (a) June 2-1943 (b) Tynde Bukhmeto
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown

(c) City or town Unknown
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Autopsy June 2
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock & Fractures
of Pelvis: Pelvic Canal
to his death by being struck
by a round log by Walter Smith
of Farmington, Mo and driver
of George Sales of Farmington
Mo a Pitt and Henderson

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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) Homicide

(b) Date of occurrence May 23, 1943

(c) Where did injury occur? New Dale Mine, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Highway 6 1/2 miles N of Corone Mine

While at work? No (Specify if not of home) (e) Means of injury Truck

23. Signature Carroll Claywell (M.D. or other) _____

Address Corone Mine Mo Date signed 6/3/43

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 743-2386
Date Filed 7-6-43

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 *C. G. Boyer*
Licensed Embalmer No. *1671*
P. O. Address *Desloge, 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.