

S. No. 2
OM-2-43
v. 17-56
X-1097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28801
Registrar's No. 154

Registration District No. 210

Primary Registration District No. 5776

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

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Mill Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 56 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Mill Grove, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Mrs. Mary K. Young

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lon Young 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 4 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 17 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER {
12. Name Charles E. Minter
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Matilla Drake
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lon Young

(b) Address Mill Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Walter Funeral Home

(b) Address Princeton, Mo.

19. (a) 8-25-43 (Date received local registrar) (b) Jennie Alley (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1942 hour 4:30 minute 10 M.

21. I hereby certify that I attended the deceased from June 19 39 to Aug 20 1942
that I last saw him alive on Aug 20 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Illness

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration 12 hrs
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) (d) Means of injury _____

23. Signature Jennie Alley (M. or other) _____
Address _____ Date signed 8/24/43

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..... *H. Ivan Martin*

Licensed Embalmer No. *3760*

P. O. Address..... *Princeton 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.