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Rev. 5-17-39  
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**FILED SEP 9 1943**  
Registration District No. 28

Primary Registration District No. 4345

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

1. PLACE OF DEATH:  
(a) County Montgomery  
(b) City or town Rhine land  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Louisiana (b) County \_\_\_\_\_  
(c) City or town Plaquemine  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1008 Plaquemine St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herbert (NMI) Young  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25<sup>th</sup>  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jane Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 24 1921  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 22 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death by being Run over by M. K. T. Train.  
Duration \_\_\_\_\_

9. Birthplace Plaquemine Louisiana  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation U.S. Army  
11. Industry or business Freight Trucking

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

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_  
14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) (State or foreign country) \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident. 570  
(b) Date of occurrence July 25-1943  
(c) Where did injury occur? Rhine land Montgomery Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on M. K. T. Rail Road Tracks  
(Specify type of place)

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_

While at work? no (e) Means of injury body completely cut up.  
23. Signature F. J. Ball, J.P. acting Coroner (M. D. or other)  
Address Jonesburg Mo Date signed July 26-43

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) Mrs Frank J. Overkamp  
(Date received local registrar) (Registrar's signature)

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

70  
0  
0

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**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, fact should be so stated above.**