

Registration District No. 372 Primary Registration District No. 45-44 Registrar's No. 39

1. PLACE OF DEATH:  
(a) County Webster  
(b) City or town Nianqua  
(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. x  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Webster  
(c) City or town Nianqua  
(d) Street No. - x  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. x

3. (a) PRINT FULL NAME Lula Young  
3. (b) If veteran, name war. x 3. (c) Social Security No. x

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31 year 1943 hour 2 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Grover C. Young 6. (c) Age of husband or wife if alive. x years  
7. Birth date of deceased December - 22 - 1887 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 43 to Jan 31 1943 and that death occurred on the date and hour stated above.  
Immediate cause of death 166 ex colosis. g. Jerry's

8. AGE: Years 55 Months 7 Days 9 If less than one day x hr. x min.

Due to 1381  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Webster Co., Missouri (City, town or county) (State or foreign county)  
10. Usual occupation Retired postmistress  
11. Industry or business Post office  
12. Name George W. Wilkinson  
13. Birthplace Illinois (City, town or county) (State or foreign county)  
14. Maiden name Mary Cofar  
15. Birthplace Missouri (City, town or county) (State or foreign county)

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) (2) Means of injury

16. (a) Informant L.H. Young  
(b) Address Marshfield, Mo.  
17. (a) Burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation Nianqua  
18. (a) Signature of funeral director Jerry Young  
(b) Address Marshfield, Mo.  
19. (a) Date received local registrar 8/11/43 (b) Registrar's signature C. E. Plearen

23. Signature W. F. Behr (M. D. or other) Address Nianqua Date signed 8/11/43

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

112

112

MOTHER FATHER

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

1344

1943

RECEIVED

District Health Officer No. 6,

District File Number 943-1099

Date Filed 9-13-43

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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 *Lex Linn*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.**