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REGISTRATION DISTRICT NO. 133

PRIMARY REGISTRATION DISTRICT NO. 5489

REGISTRAR'S NO. 102

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Melbourne Mo.

(c) Name of hospital or institution: 1 Sugar Creek Camp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. 1 yrs 4 m 3 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Melbourne 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 WILLIAM E. YOUNG

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. May 9 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 4 3 hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Joseph Young

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

14. Maiden name Mabel Thompson

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

16. (a) Informant Joseph Young

(b) Address Melbourne Mo.

(17) (a) Burial (b) Date thereof Sept 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director W. H. Ames

(b) Address Gilman City Mo.

19. (a) Sept 29 43 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1943 hour 5 minute 12 M.

21. I hereby certify that I attended the deceased from Sept 6 1943 to Sept 12 1943 and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 11 1943

Immediate cause of death Bronchial Pneumonia

Due to Whooping Cough

Other conditions (Includes pregnancy within 3 months of death) 9

Major findings: Of operations

Of autopsy

Duration 6 days

Due to 4 weeks

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) (f) Means of injury

23. Signature W. L. Warren (M. D. or other) MD

Address Gilman City Mo. Date signed 9-22-43

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

290
/20/4

OCT 20 1948

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.....

W.D. Haines

Registered Apprentice No.

working under my personal supervision.

Signed.....

W.D. Haines

Licensed Embalmer No.

942

P. O. Address.....

Gilman City Md

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.