

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35555

FILED OCT 23 1943

Registration District No. 290

Primary Registration District No. 4428

State File No.

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Poluski
(b) City or town Richland
(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 (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME NANCY Young

3. (b) If veteran,
name war none

3. (c) Social Security
No. none

4. Sex Female
5. Color or race white

6. (a) Single, widowed, married,
2 divorced widow

6. (b) Name of husband or wife W. Young

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

7. Birth date of deceased Nov 17
(Month) (Day) (Year)

1867
(Day) (Year)

8. AGE: Years 75 Months 10 Days 22 If less than one day
by min.

9. Birthplace Knosmire (City, town, or county) See 1 (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Jeremiah McGee
13. Birthplace Monmouth (City, town, or county) See 1 (State or foreign country)
14. Maiden name Haney (City, town, or county) See 1 (State or foreign country)
15. Birthplace Knosmire (City, town, or county) See 1 (State or foreign country)

16. (a) Informant W. C. Alisov

(b) Address 10043 Perry Ave Chicago

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

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director W. Deeper

(b) Address Richland

19. (a) 10-18-43 (Date received local registrar) (b) Chas M. Codd (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Poluski
(c) City or town Richland
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1943 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from
19... to 19...

that I last saw her alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Fractured neck of
head & internal
injury

Due to very faulty

Due to trauma

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 9 1943

(c) Where did injury occur? Richland Poluski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

(Specify type of place)

While at work? (b) Means of injury

23. Signature C. Walther (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Address Crocker Mo

Date signed 10-11-43

DEC 1 3 1943

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.