No. 2
5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38679

FILED DEC 8 1943

Registration District No. 2943 Primary Registration District No. 5751 Registrar's No. 64

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown R# 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Michael / trp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Route # 3 St Michael Twp
(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

3. (a) PRINT FULL NAME FLOSSIE MAY YOUNG
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex f
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 Feb. (Month) 24 (Day) 1941 (Year)
8. AGE: Years 2 Months 8 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace Madison Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name Charlie Young
13. Birthplace Madison County (City, town, or county) 0 (State or foreign country)
14. Maiden name Marie Tinsley
15. Birthplace Madison County (City, town, or county) 0 (State or foreign country)
16. (a) Informant Charlie Young
(b) Address City, Route # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Madison Co. Mo.
18. (a) Signature of funeral director Stanley F. Kirby
(b) Address Fredericktown, Mo.
19. (a) Nov 10-1943 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)
By C. D. Schumer
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1943 hour 9:30 minute A.M.
21. I hereby certify that I attended the deceased from Nov 7 1943, to Nov 9 1943; that I last saw h. alive on Nov 9 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute toxemia	12 hrs
Due to: Laryngeal diphtheria	5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 0	

Major findings:
Of operations .....
Of autopsy .....

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) (e) Means of injury .....
23. Signature E. W. Delgene (M. D. or other) D.O.
Address Fredericktown, Mo Date signed 11/10/43

RECEIVED

District Health Officer No. 4

District File Number 12-43-2979

Date Filed 12-7-43

MAY 19 1945

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.