No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42741

Registration District No. 167 Primary Registration District No. 5608 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Madison Twp (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 none (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Madison Twp., (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country xx

3. (a) PRINT FULL NAME Romala L. Young

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race cauc

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased December 28 1849 (Month) (Day) (Year)

8. AGE: Years 93 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Gillispie County, Texas (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXX

FATHER
12. Name John Young
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Priscilla Hawley
15. Birthplace Cook County, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Young

(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) Nov 5 1943 (Date received local registrar) (b) Mrs Frank Morrill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov~~ Oct day 30 year 1943 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from June 1, 1939, to Oct 30, 1943; that I last saw him alive on Oct 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. ~~or other~~)

Address Holden Mo Date signed 11/5/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
[illegible] File Number
Date Filed 12-13-43

OCT 15 1952

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.