

S. No. 2
M-2-43
5-17-39
1 X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40110

Registrar's No. 111

FILED JAN 13 1944 17
Registration District No. 17

Primary Registration District No. 3045

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JW RAILROAD 1 AVE
(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) 40 YRS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JOHN WESLEY YOUNG

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

4. Sex M 5. Color or race COLORED

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

6. (b) Name of husband or wife SUSIE YOUNG 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased FEB. 10 1865
(Month) (Day) (Year)

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

78 10 8 hr. min.

9. Birthplace DECATUR CO. TENN
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER

12. Name N. K. N. K.

13. Birthplace N. K. N. K.
(City, town, or county) (State or foreign country)

14. Maiden name N. K. N. K.

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant SUSIE YOUNG

(b) Address CHARLESTON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation GRAND GROVE CEMETERY CHARLESTON, MO.

18. (a) Signature of funeral director Charles E. Moore

(b) Address 1111 N. Main St. Charleston, Mo.

(c) Date received local registrar Jan 11/44 (d) Registrar's signature Charles E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 211 RAILROAD AVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-14, 1943
to 12-14, 1943

that I last saw h.i.m. alive on 12-14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
CARDIO RENAL VASCULAR

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

1312

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 C. C. Presnell (M. D. or other) M. D.
Address Charleston, Mo. Date signed 12-22-43

RECEIVED

District Health Office No. 2

District File Number 144-68

Date Filed 1-10-44

JUL 22 1944

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 John P. Nunneler Jr
Licensed Embalmer No. 3851
P. O. Address Charleston 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.