

43336

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 366

FILED JAN 10 1943 74

Registration District No. 274

Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Smithton Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elizabeth Young 6. (c) Age of husband or wife Dec 25
7. Birth date of deceased Feb 25 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Florence, Missouri MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name John P. Young
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Smith
15. Birthplace Mary Ann Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Young
(b) Address Sedalia (15E/11th) MO

17. (a) Burial (b) Date thereof 12-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton mo

18. (a) Signature of funeral director H. F. Henney
(b) Address Smithton mo

19. (a) 11-29-43 (b) Miss Ann Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Pettis
(c) City or town Smithton 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov 1 1943 to Nov 19 1943
that I last saw him alive on Nov 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations

Of autopsy

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) Means of injury
Signature Smithton mo (M. D. or other) Date signed 11/19/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-44

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

A. F. Henningsen

Licensed Embalmer No.

3912

P. O. Address

Smithton 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.