

FILED FEB 9 1944

Registration District No. 144

Primary Registration District No. 5563

Registrar's No. 1

477
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural: Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 miles/South East of Arcadia
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution.....
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles South East of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martha Rosie Young

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Miles W. Young 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec. 16 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 19 If less than one day
hr. min.

9. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Franklin Arnett
13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Harriett E. Reed
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant O. Young

(b) Address Minimum Missouri

17. (a) burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Arcadia White Iron ton Mo.

19. (a) Jan 14, 1944 (b) Dr. Marshall Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2nd
1943 to Jan 5th 44
that I last saw her alive on Jan 1st 44
and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Stroke) Duration 1/1/44

Due to Hypertensive Heart Disease ??

Other conditions Sanitary

Major findings: Of operations 93d 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) (Specify type of place) (Specify type of place)
(Specify type of place) (Specify type of place) (Specify type of place)
23. Signature P. E. Harland (M. D. or other) m. 20
Address Arconton, Mo. Date signed 1/10/44

RECORDED

District Health Officer No. 4
District File Number 244-3348
Date Filed 2-7-44

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.....

Was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Arnel White

Licensed Embalmer No. 3012

P. O. Address Montone New

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.