

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

FILED FEB 11 1944

Registration District No. 7

Primary Registration District No. 3028

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Rose Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether)

In this community 45 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No. 519 E. Third St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Jane Young

3. (b) If veteran name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Henry R. Young

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

7. Birth date of deceased May 20 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 19
If less than one day hr. min.

9. Birthplace unknown Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

12. Name --- Stephenson

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George R. Young
(b) Address 1200 Prospect, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) Jan. 12 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 30 1943 to Jan 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia
Influenza

Due to Influenza

Due to ---

Other conditions: Sepsis
(Include pregnancy within 3 months of death)
Hemiplegia

Major findings:
Of operations: 330

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 R. A. Webster (M. D. or other)
Address Carthage, Mo. Date signed Jan 11 44

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

MOTHER FATHER

44-1-86

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.....

Ernest R. Stone

Licensed Embalmer No.....

3913

P. O. Address.....

Carthage, 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.