

FILED MAR 8 1944

Registration District No. 48

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 DAYS
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. 603 So 5th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLAUD THOMAS YOUNG

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

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased OCT 7 1919
(Month) (Day) (Year)

8. AGE: Years 24 Months 4 Days 14 If less than one day hr. min.

9. Birthplace BERNIE STODDARD MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name HENRY JEFFERSON YOUNG
13. Birthplace STODDARD Co. MO
(City, town, or county) (State or foreign country)
14. Maiden name VERNA LLOYD
15. Birthplace STODDARD Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Young
(b) Address Madded MO

17. (a) BURIAL (b) Date thereof FEB 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK CREEK CEM

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 2-29-44 (b) Belle Thune
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-20-44
to 2-21 1944
that I last saw him alive on 2-21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature
Address
Date signed

APR 10 1944

RECEIVED
District Health Office No. 2,
District File Number 344-409
Date Filed 3-3-44

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 N. E. Phelps
Licensed Embalmer No. 3231
P. O. Address Cape Fear Bluff, N.C.

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.