

FILED MAR 10 1944
53

Registration District No. 53

Primary Registration District No. 3010-5185

Registrar's No. 71.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural, Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camp Cape Rt. 65 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether, in this community 1 yr - 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 61.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leard Young
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Demsley Young 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 25 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Cairo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Industry

MOTHER FATHER {
12. Name Sonzo Reynolds
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susie Reynolds
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant D. Gimsley Young
(b) Address Cape Girardeau, Mo.

17. (a) Rural (b) Date thereof 2-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Engleville Ind.

18. (a) Signature of funeral director Seaburg Funeral Home
(b) Address Cape Girardeau, Mo.

19. (a) 2-18-44 (b) H. St. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Feb
year 1944 hour 9 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 1
1944 to Feb 18 1944
that I last saw her alive on Feb 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease Duration 6 months

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____
Of autopsy _____
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) Means of injury _____
23. Signature H. St. Phelps (M. D. or other) _____
Address Cape Girardeau Date signed 2-18-44

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

1600

1017

RECEIVED

District Health Officer No. 4
District File Number 344-3531
Date Filed 3-9-44

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address.....

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.