

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8674  
Registrar's No. 43

FILED FEB 17 1944  
Registration District No. 373

Primary Registration District No. 6279

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Hartville Rural Gasconade  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Amy Francis Young  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex F 5. Color or race W 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 March 4 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 25 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. George, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation invalid

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name T.J. Young  
18. Birthplace St. George, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name S.E. Palmer  
15. Birthplace Nashville, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer Young  
(b) Address Hartville, Mo.

17. (a) Burial (b) Date thereof 1/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cold Water Cem.

18. (a) Signature of funeral director Gene E. Holdren  
(b) Address Hartville, Mo.

19. (a) 2-2-1944 (b) W. J. Wilson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Wright  
(c) City or town Hartville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles West  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 29  
year 1944 hour 7 minute 20pm M.  
21. I hereby certify that I attended the deceased from N. V. 25 1944 to Jan. 29 1944;  
that I last saw her alive on Jan. 27 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Inter Stitial Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 12/10  
Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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 J. R. Mott (M. D. or other) \_\_\_\_\_  
Address Hartville Mo. Date signed 2/2/44

Duration 2 yrs, 1 m  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

RECEIVED

District Health Officer No. 0,

District File Number 244-232

Date Filed FEB 15 1944

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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, above space should be left blank.