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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14225

Primary Registration District No. 1000

Registrar's No. 412

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1209 Dewey 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo. 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 Dewey ave 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Younger

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 m

6. (b) Name of husband or wife William Younger

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

7. Birth date of deceased January (Month) 29 (Day) 1855 (Year)

8. AGE: Years 89 | Months 2 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Grundy Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name John Chappell

13. Birthplace unk. (City, town, or county) Pennsylvania (State or foreign country)

14. Maiden name Polly Shuler

15. Birthplace unk. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs Nella Conlini

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pascola, Mo

18. (a) Signature or funeral director Heaton-Belvale Mortuary

(b) Address 319 So. 10th Street

19. (a) 4/26/44 (Date received by local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1944 hour 3:00 minute 209 M.

21. I hereby certify that I attended the deceased from Jan 19th, 1943, to April 23, 1944; that I last saw her alive on April 22nd, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus and rectum — Duration 5 years

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) H B

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? ____ (e) Means of injury ____

23. Signature Lyn J Burkholder (M. D. or other)

Address King Hill Bldg St Joseph Mo Date signed 4/25/44

1233

(Licensed Embalmer's Statement on Reverse Side)

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

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.