

No. 2  
8-43  
17-39  
X37823

FILED APR 24 1944

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mountain Grove  
(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 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 22  
year 1944 hour 10 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Molly Jane Young 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased March 1 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/19 1944, to 3/22 1944  
that I last saw him alive on 3/22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomensation  
Duration .....

8. AGE: Years 83 Months 0 Days 21 If less than one day hr. .... min. ....

Due to .....  
Due to .....

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

10. Usual occupation Farmer (Retired)

Other conditions (Include pregnancy within 3 months of death) .....

11. Industry or business .....

Major findings: Of operations ..... Of autopsy .....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Molly Jane Young

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof 3/24/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest Cemetery

18. (a) Signature of funeral director George Stapp

(b) Address Mountain Grove Mo

19. (a) 3/24/44 (b) Itm Owen  
(Date received local registrar) (Registrar's signature)

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. Young (M. D. or other) .....

Address Mountain Grove Mo Date signed 3/24/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

495  
144

APR 24 1944

*Handwritten signature*

RECEIVED  
District Health Officer No. 6  
District File Number 4-18-44  
Date Filed 4-18-44

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 *George Stapp*  
Licensed Embalmer No. *3161*  
P. O. Address *Mt. Pleasant 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.