S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17702

Registration District No. 24 Primary Registration District No. 4078 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Delta (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 years, months or days)
In this community

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.: 322 No. Main St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Charles 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: Married
6. (b) Name of husband or wife: Trudie Young
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: June (Month) 12 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
33	10	13	hr. min.

9. Birthplace: Greenville (City, town, or county) South Carolina (State or foreign country)
10. Usual occupation: Mo. Pac. R.R. Brakeman
11. Industry or business:
MOTHER FATHER
12. Name: James Young
13. Birthplace: South Carolina (City, town, or county) (State or foreign country)
14. Maiden name: Lucy Mauldin
15. Birthplace: South Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Trudy Young
(b) Address: Poplar Bluff Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Desoto Mo
18. (a) Signature of funeral director: Frank-Cotrell
(b) Address: Poplar Bluff Mo
19. (a) 4-26-44 (Date received local registrar) (b) A. H. Meiks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1944 hour 11 minute 37 p.m.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Traumatism by railroad train	
Due to: Being run over by 2 railroad cars	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 169-8	
Major findings: Of operations: 20	
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): Accident - 016
(b) Date of occurrence: April 25 1944
(c) Where did injury occur? Delta (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Railroad right of way (Specify type of place)
While at work? yes (e) Means of injury: Railroad cars
23. Signature: Dr. J. H. Sigmund Coroner (M.D. or other)
Address: Jackson Mo. Date signed 4/26/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 544-3875

Date Filed 5-26-44

SEP 12 1944

MAY 29 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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau-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.