

FILED JUN 12 1944

Registration District No. **324**

Primary Registration District No. **6093**

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

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Route # 4.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Marshall Mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**
(c) City or town **Marshall, Route # 4.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Maurice Young**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Jane Young** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **September 10th, 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **8** **17** hr. min.

9. Birthplace **Saline County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Young**
13. Birthplace _____ **Maryland** (City, town, or county) (State or foreign country)
14. Maiden name **Virginia Gilliam**
15. Birthplace _____ **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr Maurice Young**
(b) Address **Marshall, Mo. Route # 4.**

17. (a) **Burial** (b) Date thereat **May 29, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park cemetery**

18. (a) Signature of funeral director **Charles Lewis**

(b) Address **Marshall, Mo.**

19. (a) **5-31-44** (b) **mo T O Woodhock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**
year **1944** hour **1** minute **30** p. M.

21. I hereby certify that I attended the deceased from **investigated May 27, 1944**
that I last saw him **alive** on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **no.**

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?

While at work? _____ (Specify type of place) (e) Means of injury **Saline Co**
23. Signature **C. L. Lawless Croner** (M. D. or other)
Address **Marshall Mo** Date signed **5-27-44**

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-9-44

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..... *R. W. Campbell Jr.*.....

Licensed Embalmer No. *3469*.....

P. O. Address *Marshall, 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.