

FILED AUG 11 1944
Registration District No. *133*

Primary Registration District No. *2022*

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

1. PLACE OF DEATH:

(a) County *Harrison*

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

(c) Name of hospital or institution:
Walker Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *5 Hours 15 Minutes*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Harrison*

(c) City or town *Bethany*
(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 *U*

3. (a) PRINT FULL NAME *INFANT SON OF THEODORE & PEARL YOUNGMAN*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *July 9 1944*
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day *5 hr. 15 min.*

9. Birthplace *Bethany MO*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name *Theodore Youngman*

{ 13. Birthplace *Bethany MO*
(City, town, or county) (State or foreign country)

{ 14. Maiden name *Rhoda Halliton*

{ 15. Birthplace *Salmon MO*
(City, town, or county) (State or foreign country)

16. (a) Informant *Pearl Youngman*

(b) Address *New Hampton MO*

17. (a) *Burial* (b) Date thereof *July 10 1944*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Matoline*

18. (a) Signature of funeral director *W & Noble*

(b) Address *New Hampton MO*

19. (a) *July 31 1944* (b) *Zola Burris*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *9*
year *1944* hour _____ minute *7:50 P.M.*

21. I hereby certify that I attended the deceased from *time it was born*, 19 _____, to *July 9 1944*, 19 *44*
that I last saw h. *l.M.* alive on *July 9 1944*
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to *atelectasis*

Due to *Premature birth*

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations *159*

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature *P. J. Green R.O.* (M.D. or other)

Address *New Hampton Mo.* Date signed *7-9-44*

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 *W. A. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address.....

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.