

FILED SEP 10 1944

Registration District No. 268

Primary Registration District No. 5906

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscott  
(b) City or town Wardell Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 6 mo. 2 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscott  
(c) City or town Wardell  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MARVIN H. 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 single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Jan 11 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 2 hr. min.

9. Birthplace Wardell Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Marvin Hartley Young  
13. Birthplace Caruthersville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mamie Joan Young  
15. Birthplace Paragould Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin H. Young  
(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 7 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cemetery

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville Mo.

19. (a) 8 10 1944 (b) J. P. Preas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July, 10th, 1944, to July, 12th, 1944 that I last saw him alive on July, 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Entero-Colitis  
Due to Bacterial origin

Due to Improper feeding & impure water.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
11921

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 A. D. Riden (M. D. or other) \_\_\_\_\_

Address Portageville, Mo. Date signed 7-14-44

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

8-44-186

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**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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address. Key West 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.**