

FILED OCT 9 1944

Registration District No. 5113

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Bollinger (Union Twp)  
(b) City or town Rural (near Union Light Church)  
(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 1 (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Mackie Lorene Young

3. (b) If veteran, name war - 3. (c) Social Security No. 2

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced m.  
6. (b) Name of husband or wife Gene Young 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased July 25 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home  
12. Name Jacob Linnow  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Rachel Tidwell  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant ORA C. Lulson  
(b) Address Liville Mo. 9/30/44  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)  
(c) Place: burial or cremation Patton Cemetery

18. (a) Signature of funeral director Walt - Holt  
(b) Address 130 North main Fredericktown Mo  
19. (a) Sept 30 1944 (Date received local registrar) (b) Registrar's signature Mrs. Geneva Graham

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Near Patton (If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28<sup>th</sup> year 1944 hour 1.50 minute - M.  
21. I hereby certify that I attended the deceased from April 10 - 1943 to Sept 24 1944.  
that I last saw her alive on Sept 24 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Nephritis  
Due to General edema

Due to 31  
Other conditions (Include pregnancy within 3 months of death) -

Major findings: Of operations -  
Of autopsy -

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) (c) Means of injury 5  
23. Signature D. P. Wright (M. D. or other)  
Address Patton Mo Date signed 9-29-44

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

1063

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4.....

District File Number 1044-4325

Date Filed 10-6-44

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.....

Licensed Embalmer No. 4264

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.