

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 129

FILED NOV 10 1944

Registration District No. _____

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Kennett City
(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 0

3. (a) PRINT FULL NAME Wm F. 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 Ema Young 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 6 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 2 hr. _____ min.

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

10. Usual occupation Labor & Farming

11. Industry or business _____

12. Name Wk.

13. Birthplace Wk. (City, town, or county) (State or foreign country)

14. Maiden name Wk.

15. Birthplace Wk. (City, town, or county) (State or foreign country)

16. (a) Informant Earl Young

(b) Address Kennett Mo.

17. (a) Burial (b) Date thereof Oct - 10 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Country

18. (c) Signature of funeral director Landers F. D.

(b) Address Campbell Mo.

19. (a) 10/13-44 (b) Julia Palank
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1944 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from May
44 to Oct 8 1944
that I last saw him alive on Oct 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Vascular Heart Disease 7 year

Due to _____
Due to Advanced Arteriosclerosis

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? _____

(Specify type of place) (c) Means of injury 2-00

23. Signature George H. ... (M. D. or other)

Address Kennett Mo. Date signed 10/12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

35
82

RECEIVED

District Health Office No. 2,

District File Number 1144-1495

Date Filed 11-6-44

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.....

E. W. Sanders

Licensed Embalmer No.....

21289

P. O. Address.....

Campbell 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.