

FILED NOV 25 1944

Registration District No. _____ Primary Registration District No. 6024

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

1. PLACE OF DEATH: Ripley

(a) County _____
 (b) City or town 10 mi. S. E. of Washburn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home Rural Washburn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 13 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Resey Irene Young

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 17 1929
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15 6 4 hr. min.

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

10. Usual occupation schoolgirl

11. Industry or business _____

MOTHER FATHER

12. Name Webb Young

13. Birthplace Crawford Co. Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Slusher

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

16. (a) Informant Webb Young

(b) Address Doniphan, MO.

17. (a) burial (b) Date thereof 10-19-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springtown (Burial)

18. (a) Signature of funeral director family

(b) Address _____

19. (a) 11-21-44 (b) E. O. Johnston
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18-1944
 year _____ hour 4 o'clock minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
In pool of water
3 ft deep
 Due to Probably epileptic seizure. She was
subject to fits.

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) Accident 091

(b) Date of occurrence 10-18-44

(c) Where did injury occur? Ripley, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

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

23. Signature E. O. Johnston Creaner
 (M. D. or other)

Address Doniphan, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Funeral serviced by family.
Signed.....

Licensed Embalmer No.....

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.