

FILED FEB 13 1945

Registration District No. 988

Primary Registration District No. 4426

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Fair Play  
(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 \_\_\_\_\_ (Specify whether)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Fair Play 0  
(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

Rhoda A. Young

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Thomas Young 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 21 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 5 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

MOTHER { 12. Name Daniel Box  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Marthenia McGee  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ammie Ratcliffe

(b) Address Emporia, Kans.

17. (a) Burial (b) Date thereof Jan. 26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aldrich, Mo. Rural

18. (a) Signature of funeral director Barber Erwin Blue

(b) Address Fair Play, Mo.

19. (a) Jan. 24-45 (b) Dorah McEllister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19  
year 1945 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from July 28 1943 to Jan. 13 1945;  
that I last saw her alive on Jan. 13 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
+ Senility (91 yrs)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations A. J. H.  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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)  
(c) Means of injury 9

23. Signature Dr. P. F. Wilson (M. D. or other) Do  
Address Fair Play Mo. Date signed 1-26-45

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

4  
0  
0

**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 *Willard B. Erwin*  
Licensed Embalmer No. *3092*  
P. O. Address *Palmar, 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.**