

FILED MAR 12 1945
Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether in or out of hospital)
In this community 2 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Edsberry
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Wesmer B Young

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years 25

7. Birth date of deceased Aug 25 1920
(Month) (Day) (Year)

8. AGE: Years 24 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Marros & Young

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

14. Maiden name Paula Ritchey

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

16. (a) Informant Guy Young
(b) Address Edsberry Mo

17. (a) Burial (b) Date thereof 2-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Cemetery

18. (a) Signature of funeral director W. H. ...
(b) Address Edsberry Mo

19. (a) 2/12/45 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 45 hour H A M minute M

21. I hereby certify that I attended the deceased from 10:45 PM
Feb 10 19 45 to Feb 11 19 45
that I last saw him alive on Feb 11 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death diabetic coma Duration 12 hours

Due to diabetes insipidus 5 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy

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) (a) Means of injury 2

23. Signature W. H. ... (M. D. or other) DO
Address Louisiana Date signed Feb 12 45

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

32
2
1

RECEIVED

District Health Officer No. 10

District File Number 3-45-452

Date Filed MAR 8 1945

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..... W.H. Bradley

Licensed Embalmer No. 3966

P. O. Address..... Elsterny

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.