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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1945

Registration District No. 236

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9972

Primary Registration District No. 2001

Registrar's No. 125

19
2
5

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3101 Picher 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 3101 Picher 5
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Sarah Jane Young

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: J. W. Young

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: February (Month) 27 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	10	____ hr. ____ min.

9. Birthplace: Miller county (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: ____

FATHER
12. Name: not known
13. Birthplace: not known (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: not known
15. Birthplace: not known (City, town, or county) ____ (State or foreign country)

16. (a) Informant: William Young
(b) Address: 3101 Picher, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial Park

18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Missouri

19. (a) 3-12-45 (Date received local registrar) (b) Gertrude Sudholler (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1945 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Mar 4, 1945 to Mar 8, 1945; that I last saw him alive on 3-8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: ____

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: [illegible] (M. D. or other)
Address: Joplin Mo Date signed 3-12-45

(Licensed Embalmer's Statement on Reverse Side)

45-3-223

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.