

FRID JUL 5 1945
Registration District No. **206**

Primary Registration District No. **6760**

Registrar's No. **40**

1. PLACE OF DEATH:
(a) County Madison Co.
(b) City or town Rural St. Francis
(If outside city or town limits, write "RURAL" and name of township) 1
(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 about 28 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Madison
(c) City or town Rural (Little Venice town)
(If outside city or town limits, write "RURAL") 62
(d) Street No. V (If rural, give location) 0
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Sam Max Young
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
year 1945 hour 7:30 minute P. M.

4. Sex W **5. Color or race** W
6. (a) Name of husband or wife Grace L. Young
6. (c) Age of husband or wife if 40 years
7. Birth date of deceased May 23 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14 1945, to June 21 1945,
that I last saw him alive on June 21 1945,
and that death occurred on the same date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>		<u>28</u>	hr _____ min. _____

Immediate cause of death Carcinoma of spleen
and liver
Due to _____
Due to _____

Duration
14 months
from
history

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

Other conditions _____
(Include pregnancy within 5 months of death)
Major findings: _____
Of operations _____
Of autopsy 55!

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business Self
12. Name W. J. Young
13. Birthplace Mad Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ellie King
15. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Grace L. Young
(b) Address Fredericktown Mo
**17. (a) Burial (b) Date thereof 6/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Venice Cem
18. (a) Signature of funeral director Webb - Holt
(b) Address Fredericktown, Mo
19. (a) June 21 - 1945 (b) S. C. Slaughter
(Date received local registrar) (Registrar's Signature)**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature McLaughlin (M. D. or other) _____
Address 1350 North Fredericktown Date signed 6/22/45

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

S. No. 2
1-3-43
5-17-39
X37823

RECEIVED

District Health Officer No. 4
District File Number 945-769
Date Filed 7-3-45

EXPIRES 6 1946

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

John H. Kelt
.....
Licensed Embalmer No. 4264
P. O. Address Andover, Maine

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.