S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30970

State File No.

FILED SEP 20 1945

Registration District No. 208 Primary Registration District No. 4320 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: II5 East Olive St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion
(c) City or town Palmyra (If outside city or town limits, write "RURAL") 2
(d) Street No. II5 E. Olive St. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Bell Young Bill

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 Widow
6. (b) Name of husband or wife Johnie Bill
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 31 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	3	10	hr. min.

9. Birthplace Marion Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business

FATHER
12. Name Marcus L. Young
13. Birthplace Marion Co. Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Young
15. Birthplace Marion Co. Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Frank Young
(b) Address II5 E. Olive St. Palmyra Mo.
17. (a) Palmyra Mo (Burial, cremation, or removal) (b) Date thereof 9-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director A. M. Sprague
(b) Address Palmyra Mo.
19. (a) 9-12-1945 (Date received local registrar) (b) Laurie Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 11, 1945, to Sept 11, 1945; that I last saw her alive on Sept 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Death very suddenly without symptoms or phys signs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature [signature] (M. D. or other) MD
Address Palmyra Date signed 9-12-45

1394

(Licensed Embalmer's Statement on Reverse Side)

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 R. M. Sprague

Licensed Embalmer No. 999

P. O. Address Palmyra 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.