

No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 30 1945
STANDARD CERTIFICATE OF DEATH

33596

State File No.

Registration District No. 78

Primary Registration District No. 0305

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Osage City Liberty Twp
(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 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Osage City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred L. Young

3. (b) If veteran, name war..... 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Frances Young 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 27 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Fisherman

11. Industry or business

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs Frances Young

(b) Address Osage City, Missouri

17. (a) Burial (b) Date thereof Oct-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri

19. (a) 10-10-45 (b) Jacob M. Karsel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1945 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from 12-19-44
19 10-6 19 45
that I last saw him alive on 9-20 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis Duration 9 mos.
Due to arteriosclerosis 2 yrs.

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

Major findings: 92d
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. L. Ham (M. D. or other)
Address Jefferson City, Mo. Date signed 10/15/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed..... 10-29-45

OCT 31 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..... *Leola P. Dulle*.....

Licensed Embalmer No. 3890.....

P. O. Address..... *Jefferson City 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.