

**FILED JAN 8 1946**

Registration District No. **7**

Primary Registration District No. **3005**

Registrar's No. **110**

1. PLACE OF DEATH:

(a) County **Bates**  
 (b) City or town **Butler**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Butler Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution **2 days**  
(Specify whether  
 In this community **all life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **RFD 1, Butler**  
(If rural, give location)  
 (e) Citizen of foreign country? **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mark S. Young**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 31, 1871**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **21**  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **J.C. M. Young**  
 13. Birthplace **no record Kentucky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Radford**  
 15. Birthplace **no record Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy E. Young**  
 (b) Address **Butler, RFD**

17. (a) **Burial** (b) Date thereof **12-23/1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Radford Cemetery**

18. (a) Signature of funeral director **Culver-Underwood**  
 (b) Address **Butler, Missouri**

19. (a) **12/27/45** (b) **Kendall Perry**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21**  
 year **1945** hour **3:40** minute \_\_\_\_\_ P: \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **Apr. 4** 19 **39** to **Dec 21** 19 **45**  
 that I last saw him alive on **Dec 21** 19 **45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Chronic Myocarditis**

Due to **Chronic Nephritis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **g3d**

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)  
 (c) Cause of injury **EMD**

23. Signature **Butler, Mo** (M. D. or other) \_\_\_\_\_  
 Address **Butler, Mo.** Date signed **12/29/45**

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**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 G. Anderson* .....

Licensed Embalmer No. *3585*

P. O. Address *Butler*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**