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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4707

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 247

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 hrs (Specify whether years, months or days)
In this community: 13 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Worth 113
(c) City or town: Sheridan 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Phillip Lloyd Young
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb (Month) 25 (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	13 hr. min.

9. Birthplace: ~~St Joseph~~ Sheridan Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: John E. Young
13. Birthplace: Sheridan Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Lele Vendon
15. Birthplace: Pamell Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: John E. Young
(b) Address: Sheridan, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb 26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheridan Cemetery
18. (a) Signature of funeral director: Fred C. Dunfee
(b) Address: Grant City, Mo.
19. (a) March 1-46 (Date received local registrar) (b) R. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1946 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 25, 1946 to Feb 25, 1946 that I last saw him alive on Feb 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	1 da
Due to: Unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy: None

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: W Roger Moore M.D. (M.D. or other)
Address: St Joseph Mo Date signed 2/27/46

(Licensed Embalmer's Statement on Reverse Side)

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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 Jack C Dinsfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.