

No. 2
-2-43
5-17-39
1 X39697

DEPARTMENT OF COMMERCE -- STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED FEB 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6174**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
 (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 _____ (Specify whether
 In this community **2 years** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2014 Porter**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Merel Edward Young**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Lotta Young** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb. 12, 1906**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **7**
 year **1946** hour **4** minute **0** M.
 21. I hereby certify that I attended the deceased from **5-27-44** 19____ to **1-7-46** 19____
 that I last saw him alive on **1-6-46** 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 10 28 hr. min.
 9. Birthplace **Asaria Kansas**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **School teacher**
 11. Industry or business _____
 12. Name **James Young**
 13. Birthplace **No record**
 (City, town, or county) (State or foreign country)
 14. Maiden name **No record**
 15. Birthplace _____
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs Lotta Young**
 (b) Address **2014 Porter, Joplin, Mo**
 17. (a) **Burial** (b) Date thereof **1-9-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Ozark Memorial**
 18. (a) Signature of funeral director **Parker-Hunsaker**
 (b) Address **1502 Joplin, Joplin, Mo**
 19. (a) **1-13-46** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

Immediate cause of death **Left Cerebral Brain Tumor**
 Due to _____
 Due to **Recurrence of same operated March 1944**
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration
3
PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy **572**
 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 **[Signature]** (M.D. or other) **[Signature]**
 Address **[Signature]** Date signed **1-9-46**

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

46-1-54

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine 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.