

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8337**
Registrar's No. **17**

FILED MAR 13 1946

Registration District No. **373**

Primary Registration District No. **4544**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Damon Walter Young

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Cordelia Young**

6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **June - 30 - 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **23** If less than one day **X** hr. **X** min.

9. Birthplace **Webster County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Reese P. Young**

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

14. Maiden name **Nancy Haymes**

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

16. (a) Informant **Folk Young (son)**

(b) Address **Niangwa, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-26-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Niangwa**

18. (a) Signature of funeral director **James Marshall**

(b) Address **Marshfield, Missouri**

19. (a) **3/5/46** (Date received local registrar) (b) **J. J. Williams** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**
(c) City or town **Niangwa**
(If outside city or town limits, write "RURAL")
(d) Street No. **X** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **23**
year **1946** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 1**, 1946, to **Feb. 23**, 1946;
that I last saw him alive on **Feb. 23**, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Due to **right lobe**

Due to **fulminating influenza**
Other conditions **fever**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no**
Of autopsy **no**
PHYSICIAN **no**
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 **W. F. Schlicht** (M. D. or other) _____
Address **Neuman** Date signed **3-5-46**

MAR 19 1946

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 _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.