

FILED MAY 23 1946

5655

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 239 days
(Specify whether
In this community 239 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mildred Alice Youngblood

3. (b) If veteran, name war No 3. (c) Social Security No. 452-26-328

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

6. (b) Name of husband or wife H.D. Youngblood 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased October 11 1915
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 16 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Oldham Gordon
13. Birthplace Coleman Texas
(City, town, or county) (State or foreign country)
14. Maiden name Leola Pearl Wade
15. Birthplace Paris Texas
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Mar - 27 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coleman Texas

18. (a) Signature of funeral director H. D. Forester

(b) Address Mo. State San. Mount Vernon, Mo.

19. (a) 4-29-46 (b) D. Philbrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 3 minute 00 a. M.

21. I hereby certify that I attended the deceased from August 1 1945 to March 27 1946

that I last saw her alive on March 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary tuberculosis: over 11 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 13th
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 0

23. Signature C. A. Brasher M.D.
Address Mo. State San. Mount Vernon, Mo. Date signed 3/27/46

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

16113

RECEIVED

District Health Officer No. 6;

District File Number 546-560

Date Filed MAY 15 1946

JAN 3 1958

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 May S. Fossett

Licensed Embalmer No. 4252

P. O. Address M. Vernon, 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.