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FILED JUN 11 1946

State File No. _____
Registrar's No. 30

Registration District No. 272 Primary Registration District No. 6271

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Washington township
(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 x _____
(Specify whether _____)

In this community life _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster // 2

(c) City or town Rural - _____
(If outside city or town limits, write "RURAL")

(d) Street No. Washington township _____
(If rural, give location)

(e) Citizen of foreign country? No _____ (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Minnie Alice Young

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Wm. Ellis Young 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January - 8 - 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 10 If less than one day x hr. x min.

9. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Benton Stever

13. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

14. Maiden name Mahala Elizabeth Haymes

15. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Ellis Young

(b) Address Conway, Missouri

17. (a) Rural (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St. Luke

18. (a) Signature of funeral director _____

(b) Address Marshfield, Missouri

19. (a) 5/30/46 (b) J. M. McKinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb. 8, 1930, to May 18, 1946, that I last saw her alive on May 18, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 15-16 yrs

Due to Chr. Coronary Sclerosis

Due to _____

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

Major findings:
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? _____

(Specify type of place)
- f While at work? _____ (c) Means of injury _____

23. Signature C. P. Macdonald (M. D. or other) M.D.
Address Marshfield, Mo Date signed 5/18/46

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

MOTHER FATHER

044

DEC 20 1948

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 *Herz Lenny*

Licensed Embalmer No. 3312

P. O. Address Marshfield, Missc.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19334
Registrar's No. 30

Registration District No. 373

Primary Registration District No. 6271

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural
(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 _____
years, months or days

3. (a) PRINT FULL NAME Minnie A. Young

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

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

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

7. Birth date of deceased Jan 8
(Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. W. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1958 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: 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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

