No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20071

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 124

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Calhoun (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: His Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 63 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry 420

(c) City or town: Calhoun Mo (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) No

If yes, name country .....

3. (a) PRINT FULL NAME: John F Young

3. (b) If veteran, name war: ✓

3. (c) Social Security No: ✓

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Emma E Young

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

7. Birth date of deceased: Oct (Month) 2 (Day) 1867 (Year)

8. AGE: Years 78 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Fort Lion (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Retired Carpenter

11. Industry or business .....

FATHER

12. Name: Frank B Young

13. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name: Permelia Hodges

15. Birthplace: Benton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Jess E Young

(b) Address: Calhoun Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Calhoun Cemetery

18. (a) Signature of funeral director: J A Hussey

(b) Address: Calhoun Mo

19. (a) 6-26-1946 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 10 year: 1946 hour: 5 minute: A.M.

21. I hereby certify that I attended the deceased from 4-6, 1946 to 4-10, 1946 that I last saw him alive on 4-7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	4 days
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury: 0

23. Signature: Ray B Jordan (M. D. or other)

Address: Windsor Mo Date signed: 4-11-46

Received a little late, 120 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-46-650
Date Filed 7-3-46

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 myself, Registered Apprentice No. , working under my personal supervision.

Signed J A Housey
Licensed Embalmer No. 3502
P. O. Address Calhoun 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.