

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution Home 1
(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 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Rockville
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Melvin Florella Young

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10
year 1946 hour 4 minute 30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lizzie Ooley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 6th 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 20 1943 to JULY 10 1946
that I last saw him alive on JULY 10 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>4</u>	hr. _____ min.

Immediate cause of death Myocardiosis

Due to Bright's disease
Chronic nephritis

Due to _____

9. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

11. Industry or business _____

MOTHER FATHER {

12. Name Abraham Young

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

14. Maiden name Henrietta Brown

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

Major findings: Of operations none performed

Of autopsy none performed

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

16. (a) Informant Lizzie Young

(b) Address Rockville, Mo.

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

(c) Place: burial or cremation Perseant Grove

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) July 12 1946 (b) Mrs. Wilket Steiner
(Date received local registrar) (Registrar's signature)

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. Burke (M. D. or other) P.O.
Address Rockville, Mo. Date signed 7/12/46

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

RECEIVED

Director, Health Officer No. 7,

San Francisco - 6-46-746

Date 7-12-46

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.....

on the 9th day of June 1946
..... Registered Apprentice No.
working under my personal supervision.

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appleton City*

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.