

No. 2  
12-45  
-17-39  
X47070

**FILED** AUG 21 1946

Registration District No. **337**

Primary Registration District No. **4527**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jarvis  
(b) City or town Brananigh  
(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 24 years (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jarvis  
(c) City or town Brananigh  
(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 William Thomas Young  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 30  
year 1946 hour 3 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from July 30  
1946 to July 7 1946  
that I last saw him alive on July 7 1946  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W  
6. (a) ~~Single~~, ~~widowed~~, married, divorced  
6. (b) Name of husband or wife Jane Young  
6. (c) Age of husband or wife if 63 years  
7. Birth date of deceased April 14 1871  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 43 days  
and Gastric Hemorrhage (12 hr)  
Due to Hypertension and  
Arteriosclerosis  
Duration \_\_\_\_\_  
Other conditions Gastric Ulcers 1 yr.  
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 3 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 430  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name John Young  
13. Birthplace Scottdale  
(City, town, or county) (State or foreign country)

14. Maiden name Reada Zipe  
15. Birthplace Jarvis  
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Young  
(b) Address Brananigh Mo.

17. (a) Burial (b) Date thereof Aug 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Kansas

18. (a) Signature of funeral director Harry Tubal Hunt  
(b) Address Lexington Missouri

19. (a) Aug 14 1946 (b) North & 4th  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. H. Kneland (M. D. or other) D.O.  
Address Liberal Mo Date signed Aug 4-46

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

MOTHER FATHER

RECEIVED

Embalmer No. 7

1-46-854

Date Filed 8-20-46

**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 Me

Registered Apprentice No.

working under my personal supervision.

Signed

S. B. Fein

Licensed Embalmer No.

1760

P. O. Address

Nevada 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.**