

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 2

Primary Registration District No. 3005

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution 6 days (Specify whether life)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town RFD4 Butler Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Charlotte 1wp.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Benjamine Young Jr.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 28 Year 1946 hour 7 minute 10 am M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elode Young 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased: Sept. 1 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22 1946 to Sept 28 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 0 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death: Ruptured Acute Gonorrhea
Due to: Appendicitis

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

10. Usual occupation Auctioneer and Farmer

Other conditions (Include pregnancy within 3 months of death): Toxic Illness

11. Industry or business _____

12. Name W.B. Young Sr.

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

14. Maiden name Lola Chambers

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

Major findings: Toxic Illness

Of operations _____

Of autopsy 121

16. (a) Informant Elode Young

(b) Address RFD Butler, Missouri

17. (a) Burial (b) Date thereof Sept. 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director: John Underwood
(b) Address Butler, Mo.

19. (a) Sept 29-1946 (b) Russell Karsay
(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) _____ (e) Means of injury _____

23. Signature Walter H. Ruler (M. D. or other) M.D.
Address Butler, Mo. Date signed 9/28/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SEP 10 1949

RECEIVED

Director No. 7,

9-46-1039

Date Filed 10-10-46

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.....

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

Signed *Ernie L. Schubert*

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.