S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29737

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Mi To New Bloomfield Mo
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town New Bloomfield
(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 Marvin E. Young
3. (b) If veteran, name war Mo
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 2 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
54	3	10	____ hr. ____ min.

9. Birthplace Callaway Co (City, town, or county) NO (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ____
FATHER
12. Name Leonard Young
13. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Emma Longstreet
15. Birthplace Halifax County Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Homar Young
(b) Address New Bloomfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Bloomfield Cemetery
18. (a) Signature of funeral director Ray A Hull
(b) Address New Bloomfield Mo
19. (a) Sept 12 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1946 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Deceased fell Dead, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death: While at work as a Carpenter on building Had been in good health
Due to Death evidently due
Due to a some sort of heart failure
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations 199
Of autopsy ____

Duration

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? yes (e) Means of injury 3
23. Signature Mrs Garrett Coroner (M. D. or other)
Address Fulton Mo Date signed 9/12/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 9-46-151
Date Filed 9-18-46

SEP 20 1946

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. LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address. New Bloomfield 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.