

8. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29776
Registrar's No. 316

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo
(c) Name of hospital or institution St. Francis Hosp.
(d) Length of stay: In hospital or institution 1 Hour
In this community Infant

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee
(d) Street No. 414 Cook Ave
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Michael Joseph Young
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATE
20. DATE OF DEATH: Month September day 2
year 1946 hour 10 AM minute 2 M.

4. Sex Male 5. Color or race W
6. (a) Name of husband or wife Malcolm Young
6. (c) Age of husband or wife if alive ✓ years

21. I hereby certify that I attended the deceased from Sept 2
that I last saw him alive on Sept 2
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 hr 15 min.

Immediate cause of death premature 7 months
Due to _____
Due to _____

9. Birthplace Chaffee Mo

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 151
Of autopsy _____

10. Usual occupation Infant

11. Industry or business _____

12. Name Michael Young

13. Birthplace Chaffee Mo

14. Maiden name Malcolm Young

15. Birthplace Chaffee Mo

16. (a) Informant Malcolm Young

(b) Address Chaffee Mo

17. (a) Burial (b) Date there Sept 2-1946

(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director W. Stubb

(b) Address Chaffee Mo

19. (a) 9-26-1946 (b) C. C. Sumner

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? _____

Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature W. W. Davault (M. D. or other) Info

Address Allowville Mo Date signed Sept 2 1946

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

RECEIVED

Health Officer No. 4

File Number 946-2675

Date Filed 9-30-46

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.

R. E. Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.