

No. 2
-9-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH CONSERVATION
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30817**

Registration District No. **165** Primary Registration District No. **4253** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Rural, Chilhowee**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chilhowee, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)
In this community **4 months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Chilhowee**
(If outside city or town limits, write "RURAL")
(d) Street No. **none**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **JO ANN YOUNCE**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **infant**
6. (b) Name of husband or wife **XXXX** 6. (c) Age of husband or wife if alive **XXX** years
7. Birth date of deceased **May 6, 1946**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	no	4	6	hr. _____ min. _____

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

10. Usual occupation **infant**

11. Industry or business **XXXX**

12. Name **Joseph Franklin Younce**

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

14. Maiden name **Exlie Akers**

15. Birthplace **Pike Ville, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph F. Younce**

(b) Address **Chilhowee, Missouri.**

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

(c) Place: burial or cremation **Rose Hill**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri.**

19. (a) **9-25-46** (b) **Mrs Mamee Akers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**
year **1946** hour **5:45** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 10**, 19**46** to **Sept 11**, 19**46**
that I last saw him ~~her~~ alive on **Sept 10**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **Kelly Rowland** (M. D. or other) _____

Address **Holden Mo** Date signed **9/11/46**

148 (Licensed Embalmer's Statement on Reverse Side)

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

2025

Handwritten scribbles and illegible text at the top of the page.

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 *M L Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.