

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8155**  
Registrar's No. **98**

FILED MAR 21 1947  
Registration District No. **27**

Primary Registration District No. **2764**

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

1. PLACE OF DEATH:

(a) County **CALLAWAY**

(b) City or town **RURAL** *Fulton*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**R.F.D. ~~MISSOURI~~ MO 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**

(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D. FULTON, MO**  
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ELVA Lee YOUNG**

3. (b) If veteran, name war **L**

3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **3**  
year **1947** hour **3** minute **AM**

21. I hereby certify that I attended the deceased from **2-21** 19**47** to **3-3** 19**47**  
that I last saw him alive on **3-2** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ANNA YOUNG**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Sept 4 1905**  
(Month) (Day) (Year)

Immediate cause of death **Chronic Myo-Carditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Acute T**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Massive**

Of autopsy **A3D**

8. AGE:

Years	Months	Days	If less than one day
<b>41</b>	<b>5</b>	<b>29</b>	_____ hr. _____ min.

9. Birthplace **MINEOLA MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

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

12. Name **WILLIAM YOUNG**

13. Birthplace **LINCOLN CO MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **BEULAR BOONE**

15. Birthplace **MINEOLA MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS ANNA YOUNG**

(b) Address **FULTON, MO**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **MAR 5 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Bethany**

18. (a) Signature of funeral director **Glen Y. Mangin**

(b) Address **712 Cent St Fulton, Mo.**

19. (a) **Mar 8 1947** (Date received local registrar)

(b) **Joan Marshall** (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

Signature **W O Payne** (M. D. or other)

Address **R.R. 6 Fulton** Date signed **3/3/47**

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District File Number *3-18-47*

RECEIVED  
District Health Officer No. 9,

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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..... *Glen Y. Mauhin*  
Licensed Embalmer No. *2725*  
P. O. Address..... *Fulton 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.