S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10077

State File No.

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 27

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL – JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MONROE CO. INFIRMARY 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 67

(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")

(d) Street No. W. MARION ST. 0
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME MOSES YOUNG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife MANDY YOUNG

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

7. Birth date of deceased (Month) (Day) (Year) 1858

8. AGE: Years 79 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace AUDRAIN CO. (City, town, or county) MO. (State or foreign country) 10

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name THOS. YOUNG
13. Birthplace (City, town, or county) N.K. (State or foreign country) 9

MOTHER
14. Maiden name N.K.
15. Birthplace (City, town, or county) N.K. (State or foreign country) 9

16. (a) Informant RAY YOUNG
(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) 3-29-47 (Date received local registrar) (b) Albert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25 year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 25, 1947 to Mar 25, 1947 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
[illegible]	6 hrs
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature [illegible] (M. D. or other)

Address PARIS, MO. Date signed 3-25-47

205

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-47-634
Date Filed APR - 5 1947

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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.