

S. No. 2
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5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30819**
Registrar's No. **97**

FILED OCT 13 1947

Registration District No. **455-5368** Primary Registration District No. **455-5368**

1. PLACE OF DEATH:
(a) County **Davies**
(b) City or town **Coffey**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether years, months or days)
In this community **1 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Harrison #1**
(c) City or town **Coffey** (If outside city or town limits, write "RURAL") **0**
(d) Street No. **none** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No) **1**
If yes, name country **no**

3. (a) PRINT FULL NAME **Tula Mae YOUNGS**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lester** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **July 27 1907**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **16**
year **1947** hour **2** minute **30** AM.
21. I hereby certify that I attended the deceased from **Mar. 1946**
to **Aug. 16 1947**
that I last saw her alive on **Aug. 16, 1947**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
40	0	19	hr. min.

Immediate cause of death **Tuberculosis of the lungs** Duration **3 yrs**

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

10. Usual occupation **housewife.**

11. Industry or business **Farm**

12. Name **J. B. Davis.**

13. Birthplace **Harrison County, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Corda Bales**

15. Birthplace **Harrison County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester Youngs**

(b) Address **Coffey, Mo.**

17. (a) **Burial** (b) Date thereof **8-18-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge.**

18. (a) Signature of funeral director **B.M. Haas**

(b) Address **Bethany, Mo.**

19. (a) **9-9-47** (b) **Virginia M. Englehart**
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 **P.L. Baumgardner** (Dr. or other) **D.V.**
Address **Box 84** Date signed **9-2-47**

PHYSICIAN
Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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. B. Haas.
Licensed Embalmer No. **3899**
P. O. Address..... **Bethany, 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.