S. No. 2
M-2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31801

Registration District No. 199 Primary Registration District No. 4312 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Macon
(b) City or town Ethel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Macon 61
(c) City or town Ethel
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY C. YOUNG
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. O
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Ruth Young
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. (Month) 6. (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 9 If less than one day hr. min.

9. Birthplace La Plata (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Funeral Director
11. Industry or business Funeral Directing
FATHER
12. Name Andrew Young
13. Birthplace Terre Haute (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Sarah Frances Hutchinson
15. Birthplace La Plata (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Frances Elam
(b) Address Ethel Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ethel Mo.
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Ethel Mo.
19. (a) Sept 18-1947 (Date received local registrar) (b) Daphne Haverton (Registrar's signature) 1944

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 15 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 15, 1947 to Sept 15, 1947 that I last saw him alive on Sept 15, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombus | Instant |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) — | |
| Major findings: Of operations — | |
| Of autopsy no | |

94A

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 —
23. Signature C. O. West (M. D. ~~or other~~)
Address New Bloomfield Date signed Sept 16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-47-629
Date Filed SEP 23 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. A. Larson.....

Licensed Embalmer No.....4037.....

P. O. Address.....Bucklin, 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.**