

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV-13-1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34246

State File No. _____

Registration District No. 20

Primary Registration District No. 5468

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield R. F. D. # 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield R. F. D. 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 years 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Mo. Greene 39
(a) State _____ (b) County _____
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29,
year 1947 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 16 1947 to Oct. 27 1947
that I last saw him live on Oct. 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage 4 days
Due to Arteriosclerosis ?
Due to Chronic Nephritis !
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? 0
While at work? _____ (Specify type of place)
_____ (e) Means of injury _____
23. Signature A. H. Treat (M. D. or other) M.D.
Address Springfield Mo. Date signed 10/31/47

3. (a) PRINT FULL NAME James Abner Young

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 0

6. (b) Name of husband or wife Nettie Brackney Young 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 14 hr. _____ min.

9. Birthplace Webster County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Stockman and Farming

12. Name George T. Young

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Neaty Wharton 0

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elanor Young

(b) Address Springfield Mo. R. # 2.

17. (a) Burial (b) Date thereof Oct 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Cem.

18. (a) Signature of funeral director W. Klingner, Inc.

(b) Address Springfield Mo.

19. (a) Nov 3 1947 (b) Harry C. Gules
(Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

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

May Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.