

FILED NOV 10 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 356

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 E 14th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME

KATIE YOUNG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased SEPT (Month)

11 (Day) 1867 (Year)

8. AGE:

Years 80 Months 1 Days 18 If less than one day hr. min.

9. Birthplace

PERMONT MO. (City, town, or county) (State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

12. Name HENRY BRUNKHORST

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

14. Maiden name KATIE YOUNG

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

16. (a) Informant HERMAN YOUNG

(b) Address SEDALIA MO.

17. (a) BURIAL (b) Date thereof 10-30-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEMETERY

18. (a) Signature of funeral director J. L. Stover

(b) Address Stover Mo.

19. (a) 10-30-47 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 601 E 14th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 29 year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 18 1947, to Oct 29 1947; that last seen alive on Oct 27 1947; and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Artery Sclerosis & hemorrhage

Due to

Gen. Arterio Sclerosis
& Hypertension

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. W. Boyer (M. D. or other) Address Sedalia Mo. Date signed 10/30/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-6-47

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

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.