No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39161

Registration District No. 2-14 — Primary Registration District No. 30-52 — Registrar's No. 411

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: 1504 E. Sixth /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether)
In this community: 9 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1504 E 6 4
(If rural, give location) 5
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Harvey Young
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Isabelle Young
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 15 (Day) 1863 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-4 1947 to 12-4 1947 that I last saw him alive on 12-3 1947 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
84	6	19	hr. min.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: arteriosclerosis	
Due to: senility	
Other conditions: (Include pregnancy within 3 months of death)	

9. Birthplace: ✓ (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation: Retired Laborer
11. Industry or business:

FATHER
12. Name: Young 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: " 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Cora Isabelle Young
(b) Address: 1504 East 6th Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cem
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: 519 So Ohio Sedalia Mo
19. (a) 12-5-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

Major findings:
Of operations:
Of autopsy: 9

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? 2
While at work (Specify type of place) (e) Means of injury

23. Signature: M. Saunders (M. D. or other)
Address: 501½ S. Engineer Sedalia Mo Date signed: 12/5/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number ....
Date Filed: 12-10-47

1030 am

4 Ck 5

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.