

FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44662

Registration District No. 373

Primary Registration District No. 4544

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Wabata.
(b) City or town Wanua Mo.
(If outside city or town limits, with FULL name and name of township)
(c) Name of hospital or institution: Schlicht's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 14 days years, months or days)

3. (a) PRINT FULL NAME Roy Mitchel Young
3. (b) If veteran, name war
3. (c) Social Security No. 549,03-9113

4. Sex M.D. 5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 6 years (Day) (Year) 1889

7. Birth date of deceased 11 (Month) 6 (Day) 1889 (Year)
8. AGE: Years 58 Months 19 Days 19 If less than one day hr. min.

9. Birthplace Hartville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business
12. Name R. P. Young
13. Birthplace Wright Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Priscilla Rippe
15. Birthplace Wright Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant R. P. Young
(b) Address Hartville Mo.
17. (a) Burial (b) Date thereof 11-30-47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem.
18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartville Mo.
19. (a) 12-6-47 (b) J. J. Francis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville - Rural (If outside city or town limits, with "RURAL")
(d) Street No. 1 mile north of Hartville (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1947 hour 5:00 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11 Nov. 1947, to 25 Nov. 1947,
that I last saw him alive on 25 Nov. 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion, acute, severe. Duration
Due to myocardial insufficiency, chronic. syra?
Due to
Other conditions chronic nephritis ?
(Include pregnancy within 3 months of death)
Major findings: None. 17 B
Of operations None.
Of autopsy None.
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. Schlicht, M.D. (M. D. or other)
Address Wanua Mo. Date signed 2 Dec. 47

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

MOTHER FATHER

RECEIVED

FEB 27 1948

District Health Officer No. 6,

District File Number 148-71

Date Filed JAN 14 1948

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.