

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Steele, rural
(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 years, months or days)
 In this community all of life

3. (a) PRINT FULL NAME

Johnnie Young
 3. (b) If veteran name war: _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian Young
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased July 6 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>6</u>	<u>1</u>	hr. min.

9. Birthplace Stanley Ky
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

11. Industry or business _____
 12. Name J. A. Young
 13. Birthplace Darius Co Ky
(City, town, or county) (State or foreign country)
 14. Maiden name Burgin B
 15. Birthplace Darius Co Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Fields, Laborer
 (b) Address Smithersville Mo
 17. (a) Burial (b) Date thereof 7-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Steele, Mo

18. (a) Signature of funeral director J. P. Newman
 (b) Address Steele, Mo
 19. (a) 9-5-48 (b) J. P. Newman
(Date received local registers) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town Steele
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
 year 1948 hour 1 minute P M.
 21. I hereby certify that I attended the deceased from December 1948 to Jan 7 1948
 that I last saw him alive on 1/7/48
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Gastric Carcinoma

Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations U.C.B
 Of autopsy _____

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)
 (e) Means of injury _____

23. Signature J. P. Callahan (M. D. or other) DO
 Address Steele, Mo Date signed 2/19/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
0
0

3-48-85-

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..... *John German*
Licensed Embalmer No. *4355*
P. O. Address..... *105E Washington Hayti, W*

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.