

No. 2
-12-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9380

State File No. _____

Registration District No. 206

Primary Registration District No. 5750

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - St. Francis Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9 mi. W. of Fredericktown
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 34 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 9 mi. West of Fredericktown
(If rural, give location)

(e) Citizen of foreign country? -NO- (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Thomas 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 Minerva Belle Young

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 13, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Iron Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation minister - farmer

11. Industry or business _____

12. Name Joshua Young

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

14. Maiden name Jane Reed

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

16. (a) Informant Minerva Belle Young

(b) Address Rt. #1 Fredericktown, Mo.

17. (a) Burial (b) Date thereof 3-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine Cemetery

18. (a) Signature of funeral director Webb - Adamson

(b) Address Fredericktown, Mo.

19. (a) 3-12-48 (b) Flourence H. Hester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to March 5, 1948

that I last saw him alive on March 31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
also Acute Bronchitis

Duration 3 mo.

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Had Pulmonary Tuberculosis 1939

Major findings:
Of operations _____

Of autopsy g. 2 B

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 0

23. Signature W. C. Slaughter (M. D. operator)

Address Fredericktown, Mo. Date signed 3-12-48

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

JUN 9 1948

RECEIVED

District Health Officer No. 4

District File Number 348-351

Date Filed 3-16-48

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81
working under my personal supervision.

Signed L. Tolson Adamson

Licensed Embalmer No. 4317

P. O. Address Fredericktown, 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.