

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3692
State File No. 3692

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 84

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:
1705 SO MONTGOMERY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME RICHARD R. 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 WID
6. (b) Name of husband or wife ANNIE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 3 hr. min.

9. Birthplace MONTICELLO ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name JAS. A. YOUNG
13. Birthplace ILL.
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA A. SHORT
15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. YOUNG
(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 3-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Edo Willard

(b) Address Sedalia Mo.

19. (a) 3/17/48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1705 SO MONTGOMERY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 16
year 1948 hour 12:10 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 13 to March 16, 1948
that I last saw him alive on March 15 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
apoplexy

Due to Arterio Sclerosis

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:

(c) 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 Edo Willard (M. D. or other) MD
Address Sedalia Mo Date signed 3/16/48

(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.....3-24-48.

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.....

Frank S. Coffman Jr......, Registered Apprentice No. 16
working under my personal supervision.

Signed.....John A. Cantlon.....

Licensed Embalmer No. 4387

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.