. S. No. 2
DM—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11251

Registration District No. 381 Primary Registration District No. 45-14- Registrar's No.

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Milan
(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: 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Sullivan
(c) City or town: Milan
(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

3. (a) PRINT FULL NAME: Willie Alfred Young
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Sadie E Cotton
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: 1 (Month) 30 (Day) 1894 (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace: Milan (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Black Young
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) Mo (State or foreign country)
16. (a) Informant: George Young
(b) Address: Milan - Mo
17. (a) 3/16/48 (Burial, cremation, or removal) (b) Date thereof: Burial (Month) (Day) (Year)
(c) Place: burial or cremation: Oakwood - Milan
18. (a) Signature of funeral director: [illegible]
(b) Address: Milan, Mo
19. (a) April 7 - 1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14 year 1948 hour 8 minute 45 a.m.
21. I hereby certify that I attended the deceased from June, 1947, to 3-14, 1948, that I last saw him alive on 3-13-1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Addison disease	10 mo.
Due to	
Due to	
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:
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD
Address: Milan Date signed 3-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 448.673
Date Filed APR 12 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 Dwight Schaene

Licensed Embalmer No. 2667

P. O. Address Nelson - 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.