

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1948

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 11399

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1315 N. Clark St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Geroge E. Younger

3. (b) If veteran, None name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nannie Younger 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased October 11, 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Audrain County, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John Younger 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Younger
(b) Address Mexico, Mo.

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

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Potts

(b) Address Mexico, Mo.

19. (a) 4/7/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 N. Clark St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1948 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Coronous Case 19____ to 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above

Immediate cause of death Spinal meningitis
by a physician. She found
and he died in his home
Due to kidney, shown that he had
suffered from kidney trouble
and finally.
Due to supposedly kidney trouble

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none 133B

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? 3

While at work? no (Specify type of place) (c) Means of injury Coronous

23. Signature L. C. Adams (M. D. or other)
Address Mexico, Mo. Date signed 4-5-48

RECEIVED
District Health Officer No. 10
District File Number 44870L
Date Filed APR 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.....

Clarence C. Robinson....., Registered Apprentice No. 56
working under my personal supervision.

Signed.....

Tarl T. Puckett

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.