No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 20 1948

Registration District No. 7387

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5514

State File No. 12328

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Rural Walker Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Mi N of Montrose (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)

2. USUAL RESIDENCE OF DEECEASED:
(a) State: Mo (b) County: Henry 42
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 6 Mi N of Montrose (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Hiram H 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: Married
6. (b) Name of ~~husband or~~ wife: Willy A Young
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: 3 (Month) 14 (Day) 1869 (Year)

8. AGE: Years 79 | Months 0 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace: Fort Scott (City, town, or county) Kan (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Charles Young
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Willy A Young
(b) Address: Montrose Mo RR #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell cem
18. (a) Signature of funeral director: Sickner & Dunning
(b) Address: Clinton Mo
19. (a) 4-14-1948 (Date received local registrar) (b) R. R. Kenney (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: april day: 13 year: 1948 hour: 9 minute: P.M.
21. I hereby certify that I attended the deceased from 3-12, 1943 to 4-10, 1948 that I last saw him alive on apr. 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic cystitis
Due to: chronic prostatitis — 5 yrs
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause of 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: W. E. Baggarly (M. D. or other) MD
Address: Montrose Mo Date signed: 4-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-420
Date Filed 4-19-48

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed J R Hausey

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.