S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13685

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Elm Tmp rural
(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
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Rural 6
(If outside city or town limits, write "RURAL")

(d) Street No. Worthington, Mo. 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

3. (a) PRINT FULL NAME Roscoe Ferman Young

3. (b) If veteran, name war mo

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Wilma Young

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Feb. (Month) 1 (Day) 1904 (Year)

8. AGE: Years 44 Months 2 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Putnam Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Gas station (service)

11. Industry or business

FATHER
12. Name George Young
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Gillum
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma Young
(b) Address Worthington, Mo. R. R.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Martinstown Cem.

18. (a) Signature of funeral director F. O. Husted & Son
(b) Address Unionville, Mo.

19. (a) 4-28-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature) 7 L L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1948 hour eight minute a M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to Gun Shot in the body and Head

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature N. V. Lane Magistrate ~~M. D. or other~~ Acting Coroner
Address Unionville Mo Date signed 4-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-78
MAY -5 1948
Date Filed

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 F. B. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.