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Greene County

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 16050

Registrar's No. 416

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community: 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: Westplain s
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Hawley C. Young

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Young

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Feb. (Month) 1 (Day) 1872 (Year)

8. AGE: Years 76 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace: Howell County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer & Stockman

11. Industry or business:

MOTHER FATHER

12. Name: George Young

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: ---------- Chappell

15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mary Young

(b) Address: West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-21-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Mackey Plains Mo.

18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home

(b) Address: Springfield, Mo.

19. (a) 5/21/48 (Date received local registrar) (b) M. Hawley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 9 minute 18 A M.

21. I hereby certify that I attended the deceased from May 12, 1948, to May 18, 1948; that I last saw him alive on May 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Emolus	3 Min
Due to: Arteriosclerotic Heart Disease & Auxicullar	
Due to: fibrillation	Unknown
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: H. P. Mackey (M. D. or other)

Address: 209 Professional Bldg Date signed: 5/21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 1 0 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the [illegible] name is recorded on the reverse side of this certificate was embalmed by me, or by [illegible] Registered Apprentice No. [illegible], working under my personal supervision.

Signed L. Leslie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.