

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18562**

FILED JUN 24 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

Registrar's No. **183**

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Community Nursing Home #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Just 1/2 years  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 12 Year's 10 Months

3. (a) PRINT FULL NAME Samuel Robert Young

3. (b) If veteran, name war (None) 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 Deceased Paraxada Shelton Young  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: January 27, 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Ninety Six (96) 4 16 hr. \_\_\_\_\_ min.

9. Birthplace Burksville Cumberland Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Benjamin M. Young  
13. Birthplace Jacksonville IL  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Radford  
15. Birthplace Birksville Cumberland Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Newton E. Young Sr.

(b) Address La Plata, Missouri.

17. (a) Burial Butler, MO (b) Date thereof June 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director R. D. Christ

(b) Address La Plata, Mo.

19. (a) 6-14-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler  
(c) City or town Butler  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 2  
1948, to June 12 1948.

that I last saw him alive on June 12 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial failure Duration 30 min.

Due to Chronic myocarditis and coronary occlusion 1 year

Due to Hypertensive heart disease and cardiac hypertrophy years

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature M.T. Guterscher M.D. or other DO.

Address Kirkville, Mo. Date signed 6-12-48

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

RECEIVED

District Health Officer No. 10

District File No. 6-48-10-77

Date Filed JUN 22 1948

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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 W. N. McCallum  
Licensed Embalmer No. 2052  
P. O. Address South Giffard St.

**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.