

FILED JUL 20 1948

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23350

Registration District No. 155

Primary Registration District No. 88 5579

Registrar's No. 106

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WILSONVILLE MINERAL TWP; RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JASPER CO. TBC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 YEARS
(Specify whether years, months or days) 20 YEARS

3. (a) PRINT FULL NAME ERIC YOUNG
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 7 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 8 _____ hr. _____ min.

9. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

10. Usual occupation DRILLER, SURVEYOR

11. Industry or business _____

12. Name ANDREW YOUNG

13. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

14. Maiden name BERNA SJORGEN
15. Birthplace SWEDEN
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address RECORDS

17. (a) CREMATION (b) Date thereof July 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
KANSAS CITY, MO

(c) Place: burial or cremation Cremation
18. (a) Signature of funeral director Walt City Und Co

(b) Address Walt City Und Co

19. (a) JULY 17 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town ORONDGO
(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 JULY day 15
year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from JUNE 12 1948
_____, 19____, to JULY 15 1948
that I last saw him alive on JULY 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS
Duration 20 YRS

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
137B

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)
(c) Means of injury _____

23. Signature Daniel D. Douglas (M. D. or other) MD
Address DR. HARR. WELLS BLDG MO Date signed 7-16-48

WRITE PLAINLY—USE UNFADING INK

48-6-597

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 *D Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *Waco City*

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.