

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23828**

AUG 13 1948
Registration District No. **233**

Primary Registration District No. **3052**

Registrar's No. **233**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **700 West Clay**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HARRY YOUNG**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-07-4469**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **September 27, 1890**
(Month) (Day) (Year)

8. AGE: Years **57** Months **10** Days **3** If less than one day hr. min.

9. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business

12. Name **Richard R. Young**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Stanley**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Young**
(b) Address **700 W. Clay, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **8-2-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **D. W. Hebert**
(b) Address **Sedalia, Mo.**

19. (a) **8-3-48** (b) **Petty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **700 West Clay**
(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 **30** year **1948** hour **None** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **Feb 17-1948** to **July 30-1948**
that I last saw him alive on **July 30-1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis (occlusion)**
Due to

Arteriosclerosis
Due to

Other conditions **Chronic Interstitial Nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **not any**
Of autopsy **3/10**

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **A. R. Maddox** (M. D. or other) **M.D.**
Address **116 1/2 W. MAIN** Date signed **8-3-48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-12-48

AUG 13 1948

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.