S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27148

State File No.

FILED SEP 2 1948

Registration District No. 2447

Primary Registration District No. 4367

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Ritchey
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Ritchey 73
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frances Young Denton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 8 (Day) 1876 (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Texas Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Chas. Young
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Wood
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J.B. Payne
(b) Address Rolla Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia
18. (a) Signature of funeral director Culver-Shewmake
(b) Address Granby Mo
19. (a) Aug 20-48 (Date received local registrar) (b) M. L. Young (Registrar's signature) 225

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw her ~~alive~~ died on July 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease

Due to

Due to Died Suddenly

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Corley Thompson Coroner (M.D. or other) 7/18/48
Address Neosho Mo. Date signed 7/18-48

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

RECEIVED
Newton County Health Unit
District Health Officer No. 848-363
District File Number
Date Filed Aug 31 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 Glen D Williams, Registered Apprentice No. 13, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.