No. 2
1/47
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

28632

State File No. .....

FILED SEP 10 1948

Registration District No. 388 Primary Registration District No. 6176 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Sullivan Co
(b) City or town Browning Mo - Rural - Taylor
(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 Mo. (b) County Sullivan
(c) City or town Browning
(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 —

3. (a) PRINT FULL NAME Susie Ann Young
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race Wht
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Ed. Young
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan 3 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	26	..... hr. ..... min.

9. Birthplace Humphreys Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business General Homework
FATHER
12. Name Jake May
13. Birthplace Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza White
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Ed Young
(b) Address Browning Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Humphreys Mo Cem.
18. (a) Signature of funeral director P.K. Payne & Son
(b) Address Galt Mo
19. (a) Sept. 7-48 (Date received local registrar) (b) Greta Caldwell (Registrar's signature) 3 18

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1948 hour 11 minute 59 P. M.
21. I hereby certify that I attended the deceased from 1-1- 1948 to 8-29- 1948
that I last saw her alive on 8-26- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Uterus	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma Uterus	
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 U. C. Weston (M. D. or other) MD
Address Galt, Mo. Date signed 8-30-48

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

RECEIVED
District Health Officer No. 10
District File Number 9-48-1597
Date Filed SEP 9 - 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.