No. 2
1-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 68

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35934

Primary Registration District No. 5266

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural - Finley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 years

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

3. (a) PRINT FULL NAME: Carson T. Young
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Nov. (Month) 13 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 16
If less than one day ..... hr. ..... min.

9. Birthplace: Christian County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business .....
MOTHER FATHER
12. Name: Jerome Young
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Mary McCauley
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Howard Young
(b) Address: Ozark Mo. Rural
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation: McCauley Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) Nov 6 1948 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1948 to Sept. 29, 1948 that I last saw him alive on Sept. 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia left side Body	7 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: J. H. Wade (M. D. or other)
Address: Ozark Mo. Date signed 10-4-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1148-1302
Date Filed 11-26-48

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.