

FILED NOV 15 1948

Registration District No. 264

Primary Registration District No. 5886

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Brixey, Mo. (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Neice (Mamie Mallow)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77
(c) City or town Brixey (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Mi. south of Brixey
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James M. Young

3. (b) If veteran, name war none 3. (c) Social Security No. 455-18-0919

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Effie Luna 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 19 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Henry Young

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

14. Maiden name Sarah Souder

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laveta Loftis

(b) Address Brixey, Mo.

17. (a) Burial (b) Date thereof 11 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel Cemetery

18. (c) Signature of funeral director _____

(b) Address Gainesville, Missouri

19. (a) 11-2-48 (b) William Copnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1948 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 30 1948 to Oct 31 1948
that I last saw him alive on October 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 mo

Due to _____

Due to _____

Other conditions 46 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature M. J. Therman (M. D. or other) DD
Address Gainesville, Mo Date signed 11/1/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 114-8-1278

Date Filed 11-12-48

PIA 81-224

NOV 28 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.....

Charles R. Fish....., Registered Apprentice No. 45
working under my personal supervision.

Signed Chester A. Roof.....

Licensed Embalmer No. 3044

P. O. Address Grimsille 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.