S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37638

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 54

1. PLACE OF DEATH
(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 Pike 82
(c) City or town Bowling Green 1
(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 James Wm Young
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, ~~widowed~~, ~~married~~, divorced
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased Oct (Month) 18th (Day) 1839 (Year)

8. AGE: Years 89 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer Retired
11. Industry or business
FATHER
12. Name Edwin Young
13. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Ann Moore
15. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Miss Mary Young
(b) Address Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley Mo.
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo
19. (a) 11-20-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 1948 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from 1929, 19, to 11-16, 1948 that I last saw him alive on 11-16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bronchial	5 days
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 936	

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 2
23. Signature T. M. Mathews (M. D. or other)
Address Bowling Green Mo Date signed 11-16-48

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

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

RECEIVED
District Health Officer No. 19
District File Number 11-48-2030
Date Filed NOV 29 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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.