

National Office of Vital Statistics
FILED DEC 31 1948

State File No.

Registration District No. 24Primary Registration District No. 6092Registrar's No. 244

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Grand Pass "Rural"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Grand Pass Townships
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

EARLY YOUNG

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex M P 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased Feb. 19 - 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>4</u>hr.min.

9. Birthplace Saline Co. Mo. n
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Benjamin F. Young13. Birthplace S.C.O. I
(City, town, or county) (State or foreign country)14. Maiden name Martha Burchell15. Birthplace Polk Co. Mo. n
(City, town, or county) (State or foreign country)16. (a) Informant Stella Young(b) Address Grand Pass Mo.17. (a) Burial (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grand Pass Mo.18. (a) Signature of funeral director Harry Hershberger(b) Address Marshall Mo19. (a) Nov 29 1948 (b) Hidney T Gray
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
 (c) City or town Grand Pass "Rural"
 (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 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1948 hour 5 minute 00 P M.21. I hereby certify that I attended the deceased from 10-15 1948 to 11-23 1948
that I last saw him alive on 10-23 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion, acute
Duration about 1 monthDue to I am satisfied thatDue to death was due to
natural causes

Other conditions

Major findings: Of operations

Of autopsy 940

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?

While at work? (Specify type of place)

23. Signature Douglas Kelling (M. D. or other)Address Waverly, Mo Date signed 11-26-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

12-29-42

OCT 25 1954

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 _____

Joseph P. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.