

FILED JAN 3 1949

State File No. _____

Registration District No. 375

Primary Registration District No. 6279

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Wright
(b) City or town HARTVILLE RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GASCONADE(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME ROY CLEVELAND YOUNG3. (b) If veteran, name war No (c) Social Security No. _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased DEC 14 1896
(Month) (Day) (Year)8. AGE: Years 52 Months 3 Days _____ If less than one day _____ hr. _____ min.9. Birthplace HARTVILLE MO
(City, town, or county) (State or foreign country)10. Usual occupation LABORER

11. Industry or business _____

12. Name SAMPSON YOUNG
13. Birthplace MO
(City, town, or county) (State or foreign country)14. Maiden name BRAZELIA CURTIS
15. Birthplace IND
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Feb Huffstetler
(b) Address Hartsville, Mo17. (a) Burial (b) Date thereof Dec 20 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Hill Cem18. (e) Signature of funeral director Gene E. Holden(b) Address Hartsville, Mo19. (a) Dec. 18, 1948 (b) E. Garner
(Date received local registrar) (Registrar's signature) 346

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town HARTVILLE MO RURAL
(If outside city or town limits, write "RURAL")(d) Street No 4 miles west of Hartsville
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17th
year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Due to This man died suddenly without medical aidOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) (c) Means of injury 323. Signature Gene E. Holden (M. D. or other) 3
Address Mo Date signed 12/17/48

RECEIVED

District Health Officer No. 6;
District File Number 1248-1395
Date Filed 12-30-48

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 Gene E Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.