

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25569

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 7

1. PLACE OF DEATH:

(a) County. Montgomery Co.
(b) City or town. Bluffton, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Levi Young,

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, 2 divorced. Widowed
6. (b) Name of husband or wife. Mary Young. 6. (c) Age of husband or wife if alive. XX years
7. Birth date of deceased. July 22 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 II I3 hr. min.

9. Birthplace. Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Farm Hand

11. Industry or business.

MOTHER FATHER { 12. Name. Joseph M. Young.
13. Birthplace. Unknown, KY.
(City, town, or county) (State or foreign country)
14. Maiden name. Christine Holtwick.
15. Birthplace. Americus, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. J. B. Young

(b) Address. Bluffton, Mo. RFD

17. (a) Burial (b) Date thereof. July 8th-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation. Bethon Cemetery

18. (a) Signature of funeral director. Barber Barber

(b) Address. Americus, Mo.

19. (a) July 8/43 (b) Marjorie Lichte
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Montgomery
(c) City or town. Bluffton, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Quintessence
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1943 hour 5 PM minute 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. ✓ Duration

Due to

Due to

Other conditions.
(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) Suicide

(b) Date of occurrence. July 5-1943

(c) Where did injury occur? Rural Montgomery, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm by strangling, self

• While at work? (Specify type of place) (e) Means of injury 3

23. Signature. F. J. Ball acting coroner (M. D. or other)

Address. Jonesburg, Mo. Date signed July 5-43

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.....

D. B. Baker,

Registered Apprentice No.....

working under my personal supervision.

Signed

D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Amerious, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1943

State File No.

Registration District No. 230

Primary Registration District No. 5810

Registrar's No. 7

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City or town Rural Leitchburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)

3. (a) PRINT
FULL NAME

Levi 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 w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July 22
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 3 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning, Tied rock to
left foot and jumped in twenty foot
of water on his farm.

Due to _____

Due to _____

Other conditions
(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) Suicide by Drowning
(b) Date of occurrence July 5th 1943
(c) Where did injury occur? Bluffton, Montgomery, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in old c lay mine on farm
While at work? no (Specify type of place) (e) Means of injury Drowning

23. Signature F. T. Ball J. P. Acting Coroner (or other) _____
Address Jonesburg, Mo. Date signed 7-5-43

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

SUPPLEMENTARY

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