

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18696

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280 Registered No. 30
 (c) City Aurora (d) Street No. 131 East Pleasant St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John H Young

(a) Residence, No. 131 E. Pleasant St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Lida Young
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri.

13. NAME Anderson Young

14. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Lucy McCullah

16. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs Lida Young
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Zion Cemetery DATE May 13 1938

19. FUNERAL DIRECTOR King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED 5-10 1938 P. H. Cowan, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1938, to May 10, 1938I last saw him alive on May 10, 1938 Death is saidto have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy
82a

Date of onset

May 9
1938

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Emmal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Smith, M. D.(Address) Aurora, Mo.

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3072 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

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.)