

REC'D JAN 14 1938

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

423493

Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township Primary Registration District No. DOE Registered No. 1227
 (c) City ST JOSEPH (d) Street No. MO. METHODIST HOSPITAL 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. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LEE YOUNT

(a) Residence, No. FILLMORE MO St. Fillmore, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 MRS. OPAL YOUNT (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB - 7 - 1900
 7. AGE YEARS 38 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.

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.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CRAIG MO (STATE OR COUNTRY)

FATHER 13. NAME DAVID S. YOUNT

14. BIRTHPLACE (CITY OR TOWN) COLE CO. MO (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME CORDELIA SCOTT

16. BIRTHPLACE (CITY OR TOWN) CRAIG MO (STATE OR COUNTRY)

17. INFORMANT T. J. YOUNT (ADDRESS) CRAIG MO

18. BURIAL, CREMATION, OR REMOVAL PLACE J.O.D. FRENCH CRAIG MO DATE DEC - 11 - 1938

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SALVANNAH MO

20. FILED Dec 9 1938 W. J. Nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938
 22. I HEREBY CERTIFY That I attended deceased from Nov 27 1938 to Dec 8 1938
 I last saw him alive on Dec 8 1938. Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Incisional laceration Date of onset Nov. 1936
- Hemorrhage - - - 11-23-38
12218
 Other contributory causes of importance: Pulmonary embolus 12-8-38

Name of operation Hemorrhage Date of 11-23-38
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) J. P. Leno M. D.
 (Address) St Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12064

STATEMENT BY LICENSED EMBALMER.

I, J. Fred Turbun....., Licensed Embalmer No. 1279

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

.....L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Fred Turbun.....

Licensed Embalmer No. 1279

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.)