

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

11257
Do not use this space.

1. PLACE OF DEATH **1939**

(a) County Jackson Registration District No. 431

(b) Township Wattersburg Primary Registration District No. 3023

(c) City Wattersburg (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME 534 Joseph Austin Young

(a) Residence, No. 703 S Washington St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary V. Shackelford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>1</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired 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) (STATE OR COUNTRY) Jackson Co. Mo.

FATHER

13. NAME Austin Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Ellen Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT E. R. Young (ADDRESS) Rt. 4 Wattersburg Mo.

18. BURIAL, CREMATION OR REMOVAL Liberty Cem. Jackson Co. Mo. DATE Mar 23, 1939

19. FUNERAL DIRECTOR (NAME) W.F. Wilcox Funeral Service (ADDRESS) Wattersburg Mo.

20. FILED Mar 22, 1939 Eva Denton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from mar 20, 1939, to mar 21, 1939

I last saw him alive on mar 21, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

midnight Mar 20 1939 Mar 20 1939
Cardiac thrombosis
95 lbs

Date of onset 1939

Other contributory causes of importance: sclerosis of arteries

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 none 1939

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John T. Anderson M. D.
(Address) Wattersburg Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. NO. 2
50M-9-1-38
I X10605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/15/34

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 Donald W. Lyfipin
Licensed Embalmer No. 2053
P. O. Address Warrensburg 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, above space should be left blank.