

REC'D APR 10 1939

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

12139  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 224  
(b) Township St. Francois 1 Primary Registration District No. 4465  
(c) City Flat River or Flat River (d) Street No. \_\_\_\_\_ 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 Mrs Lena Young

(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1851

7. AGE YEARS 88 MONTHS - DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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) Mar 29 11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Ill

FATHER 13. NAME J. Henry Kaufman 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Elizabeth Means 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Mrs Harley Peltie (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedrichs DATE Mar 12 1939

19. FUNERAL DIRECTOR (NAME) Ed. Hebbel (ADDRESS) Friedrichs Mo

20. FILED 3/29 1939 C. Stagnor Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1939, to Mar 10 1939

I last saw h<sup>e</sup> alive on Mar 10, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Empyema of lung  
Senility

Date of onset

Other contributory causes of importance: 15 lb

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam 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) C. H. Campbell, M. D.  
1939 (Address) Flat River 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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**