

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

32438
Do not use this space.

REC'D OCT 19 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 976
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. City Hosp. 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.

Registered No. 749

2. PRINT FULL NAME Joseph Young

(a) Residence, No. 1150 N. Warren St.
(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 (OR) WIFE OF Margie Sampson Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11th 1899

7. AGE YEARS 40 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A.
9. Industry or business in which work was done, as saw mill, bank, etc. Electrical
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) Garnett Kansas

13. NAME John Young

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Margie Young
1150 N. Warren Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE Oct 9th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer
Springfield, Mo.

20. FILED Oct 9 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1939

22. I HEREBY CERTIFY That I attended deceased from 9-25 to 29 Oct-7-39
I last saw him alive on Oct 6-1939 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Ruptured Aneurysm
Appendix
Date of onset 12/1

Other contributory causes of importance:

Name of operation Appendectomy Date of 9-29-39
What test confirmed diagnosis? 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 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Henry Knabb M. D.
(Address) 450 1/2 E. Court St.

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.

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

L. Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address *Springfield, 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.

X