

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.

7197 Campbell

12/1/39

DEC 12 1939

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

39648  
Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 1215 E. Mill Registered No. 874  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Harrison V. Young  
 (a) Residence, No. 1215 E. Mill St.  (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 Mary O Pal Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>1</u>	<u>48</u>	<u>3</u>	<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.

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) Wright County, Mo.

FATHER

13. NAME William Young

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

MOTHER

15. MAIDEN NAME Alice Jackson

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

17. INFORMANT (ADDRESS) Mary O Pal Young  
1215 E. Mill

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery 12-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Johnson  
Springfield, Mo.

20. FILED 12-4-39 Chas a George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1939 to 12-1-39, 1939  
 I last saw him alive on 11-29-39, 1939 Death is said to have occurred on the date stated above, at 5 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Organic Heart Disease Date of onset 45 yr

Other contributory causes of importance:  
Silicosis, Chronic Bronchitis

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 death or injury in any way related to occupation of deceased? Yes  
 If so, specify Injury to Pericardial Membrane  
 (Signed) Henry F. Crawford, M. D.  
 (Address) 450 1/2 E. Commercial

**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 Wayne Frankell

Licensed Embalmer No. 3444

P. O. Address Springfield

**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