

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

2452
Do not use this space.

FILED FEB 13 1940

1. PLACE OF DEATH 2

(a) County GREENE Registration District No. 318

(b) Township W. Springfield Primary Registration District No. 5439 Registered No. 64

(c) City or SPRINGFIELD (d) Street No. Greene co. Farm St.

(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL-NAME IRA B. YOUNG

(a) Residence, No. Greene co. Farm St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-14-1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>76</u>	<u>10</u>	<u>6</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

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) MO

FATHER

13. NAME Pleasant Young

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

MOTHER

15. MAIDEN NAME Caroline Howard

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

17. INFORMANT (ADDRESS) Rose Bryant Mount Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit cem DATE 1-22 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. Dunn Springfield MO

20. FILED 1-22 1940 Chas. A. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1940

22. I HEREBY CERTIFY, That attended deceased from Aug 29 1939 to Jan 20 1940

I last saw him alive on Jan 19 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Pulmonary Tuberculosis 1939

Other contributory causes of importance: 72

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 disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) E. G. Mearns M. D. (Address) Springfield 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.

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

Hayd W Fox

Licensed Embalmer No. *2910*

P. O. Address *629 Walnut*

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.