DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3521

Registration District No. 750 Primary Registration District No. 5985 Registrar's No. 1646

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 52 year

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town Doniphan — Rural

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha A. Younge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee Young

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar (Month) 30 (Day) 1868 (Year)

8. AGE: Years 71 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Sharp Co (City, town, or county) Ark (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name James B. Sisk
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susie Ralston
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Younge

(b) Address Doniphan, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 39 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo

19. (a) Dec. 17-39 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1939 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Nov. 18, 1939, to Dec 16, 1939; that I last saw her alive on Dec 10, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy or cerebral hemorrhage	
Due to hypertensive	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Naylor Mo Date signed 12/17 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 5-17-39 I X19511

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.

RECEIVED
District Health Officer No. 5,
District File Number 140137
Date Filed 1/31/40

Signed B. C. McCord

Licensed Embalmer No. 4079

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.