

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Sikeston
 (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
 years, months or days) _____

3. (a) PRINT FULL NAME Forrest Francis Young 520

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Louella 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased 6 16 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 17 _____ hr. _____ min.

9. Birthplace Caldwell Co. Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Retired Blacksmith

11. Industry or business _____

MOTHER { 12. Name Unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Clifford Lipson(b) Address Jonesboro Ark.17. (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sikeston Mo.18. (a) Signature of funeral director John Clayton(b) Address Sikeston, Mo.19. (a) 5-12-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
 (c) City or town Sikeston
 (If outside city or town limits, write "RURAL")
 (d) Street No. South, St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 8: minute 35 a. m.21. I hereby certify that I attended the deceased from Jan 1
_____, 1940, to May 3, 1940
that I last saw him alive on May 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Duration ?
Valvular Disease
 Due to Senility
 Due to _____

Other conditions Vascular Hypertension?
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy Rough

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Thomas C. M. Cleveland (M. D. or other) _____
Address Sikeston, Mo. Date signed _____

RECEIVED

District Health Officer No.

District File Number 540-10

Date Filed 5/15/4

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John Alenton

Licensed Embalmer No. 2941

P. O. Address Suburban

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.