

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County **Lawrence**  
 (b) City or town **Mt. Vernon, Mo**  
 (c) Name of hospital or institution: **Missouri State Sanatorium**  
 (d) Length of stay: In hospital or institution **2 yrs 1 mo**  
 In this community **2 yrs 1 mo**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**  
 (c) City or town **Hermann**  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **John Young**

(b) If veteran, name war **Unknown** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced, **Married**

(b) Name of husband or wife **Mary Young** (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Aug. 2, 1898**

8. AGE: Years **41** Months **9** Days **27** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Unknown** **Indiana**

10. Usual occupation **Laborer**

11. Industry or business **W. P. A.**

12. Name **John William Young**

13. Birthplace **Marion** **Indiana**

14. Maiden name **Don't know**

15. Birthplace **Don't know**

16. (a) Informant **E. McMichael** Record Clerk

(b) Address **Missouri State Sanatorium**

17. (a) **Burial** (b) Date thereof **June 4 1940**

(c) Place: burial or cremation **Mo S. S. Cemetery**

18. (a) Signature of funeral director **Fossett Funeral Home**

(b) Address **Mt Vernon Mo**

19. (a) **6-4-1940** (b) **P. A. HOLMES**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29th** year **1940** hour **Eleven** minute **10 P** M.

21. I hereby certify that I attended the deceased from **Apr. 27, 1938** to **May 29, 1940** and that I last saw him alive on **May 29th, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary tuberculosis** Duration **3 years**

Due to \_\_\_\_\_

Due to **22**

Other conditions: \_\_\_\_\_

Major findings: \_\_\_\_\_

Of autopsy: **Protein deposit**

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? \_\_\_\_\_

(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 **J. H. Tucker M. D.** (M. D. or other) \_\_\_\_\_

Address **Mt Vernon Mo** Date signed **6-4-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
10-39  
-39  
121492

JUL 15 1940

RECEIVED

District Health Officer No. 6,

District File Number 740-2329

Date Filed Dec 9 1940

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**