

S. No. 2
-11-10-39
5-17-39
I. X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27917

FILED SEP 16 1940
Registration District No. 3006

Primary Registration District No. 3006

Registrar's No. 190

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution Ellis Fischel State Cancer Hosp
(d) Length of stay: In hospital or institution 17 days
In this community 17 days

3. (a) PRINT FULL NAME Mrs Margaret Young
3. (b) If veteran, name war - (c) Social Security No. 522

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Mr N. W. Young 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased March 5 1890

8. AGE: Years 60 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Newton County Mo

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER { 12. Name Mr Wesley Riggs
13. Birthplace Newton County Mo
14. Maiden name Belle Boyd
15. Birthplace Newton County Mo

16. (a) Informant Biographical Sheet
(b) Address Ellis Fischel State Cancer Hosp

17. (a) removal (b) Date thereof 8-28-40
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Shirley M. Co.
(b) Address Joplin Mo.

19. (a) 8/27/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Rural
(d) Street No. Box 937A Route 3 Joplin Mo
(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 26th
year 1940 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-9, 1940, to 8-26, 1940
that I last saw her alive on 8-26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
1 nasopharyngeal carcinoma
Due to 2 carcinoma of nasopharynx
Due to "

Other conditions "
(Include pregnancy within 3 months of death)

Major findings: "
Of operations "
Of autopsy "

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? "

23. Signature Richard D. D. (M. D. or other) 7/4
Address Ellis Fischel State Cancer Hosp Date signed 8/27/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 M. V. M. Pitercules

Licensed Embalmer No. 3893

P. O. Address Calumpit, P.I.

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.