

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.

**OCT 12 1940**

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **312**

**1. PLACE OF DEATH:**  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** William Robert Young  
**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Anna **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** May 29, 1884  
 (Month) (Day) (Year)

**8. AGE:** Years 56 Months 3 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Eldorado Illinois  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Auto Parts Store

**MOTHER FATHER**  
**12. Name** Aggie  
**13. Birthplace** Ohio  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Lottie South  
**15. Birthplace** Neoga Illinois  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Wm. R. Young Jr.  
**(b) Address** 1218 Mansfield Cape  
**17. (a) Burial **(b) Date whereof** Sept 14 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** St. Marys Cape  
**18. (a) Signature of funeral director** Frank R. Howell  
**(b) Address** 536 1/2 Hwy Cape Girardeau  
**19. (a) 9-12-40** **(b) J. M. Kumpse**  
 (Date received local registrar) (Registrar's signature)**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cape  
 (c) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1218 Mansfield  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day Thursday <sup>12<sup>13</sup></sup>  
 year 1940 hour 2:15 AM minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral Hemorrhage  
**Due to** Hypertension Nears  
Research

**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 95%

**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** D. B. Eland (M. D. or other) \_\_\_\_\_  
**Address** \_\_\_\_\_ **Date signed** 9/12/40

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

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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 with the above constitutes grounds for revocation of license.)**

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