

Registration District No. 328

Primary Registration District No. 5462

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Rural Lincoln Township
(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 20
In this community West of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grundy Co. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1940 hour 5 minute 45 AM
21. I hereby certify that I attended the deceased from July 29, 1940, to Oct. 5, 1940;
that I last saw her alive on Oct. 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of liver of several months standing

Due to
Due to
Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none
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? 5:00 (Specify type of place) (e) Means of injury
23. Signature G. H. Muller M.D. (M. D. or other)
Address Trenton Mo Date signed 10-25-40

8. (a) PRINT FULL NAME Elizabeth Margreta Young

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elmer L. Young 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Marion Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John Arndt

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fisher

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant D. R. Young
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Oct. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cem. Grundy Co. Mo

18. (a) Signature of funeral director Spickard

(b) Address Spickard Mo

19. (a) 10-27-40 (b) Gene D. Fair
(Date received local registrar) (Registrar's signature)

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

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 Ross Wise

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

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard M

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.