

No. 2
1-13-40
17-39
1-13-40

JAN 25 1941

Registration District No. 944

Primary Registration District No. 5447-B

State File No.

Registrar's No. 45

1. PLACE OF DEATH
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Stratford
Route 2, Stratford, Mo.
 (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 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Stratford
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William M. Young
 (b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife Single (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 12, 1848
 (Month) (Day) (Year)

8. AGE: Years 95 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Christian County, Mo.
 (City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business On Farm

12. Name John Young

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

14. Maiden name Marrett McDaniel

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

16. (a) Informant John Berglund

(b) Address Stratford, Mo

17. (a) Burial (b) Date thereof 11-9-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haywood Cemetery

18. (a) Signature of funeral director Alvin J. Meyer

(b) Address Springfield, Mo

19. (a) Nov-15-1940 (b) H. H. Hargraves
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 7
 year 1940 hour 12:45 minute A. M.
 21. I hereby certify that I attended the deceased from Nov 6, 1940, to Nov 6, 1940,
 that I last saw him alive on Nov 6, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 Days
 Due to Age and Arterio-sclerosis Cause Know
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations None
 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) NO
 (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? NO
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Robert Williams (M. D. or other) 1711 D.
 Address Springfield Mo Date signed 11-9-40

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 40-12-110

Date Filed 12/9/40

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

Raymond Finley

Licensed Embalmer No.

5444

P. O. Address

Greenville

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, fact should be so stated above.