

No. 2  
1-10-38  
5-1-38  
1-27-32

Registration District No. 386

Primary Registration District No. 5538

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural - - Benton Twp.  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 2

3. (a) PRINT FULL NAME Jas. Theodore Young

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 13, 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name Young

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

14. Maiden name Mary Myler

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

16. (a) Informant Stanley Lewis

(b) Address Leota, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Big Spring Cemetery

18. (a) Signature of funeral director Robertsons' Mortuary

(b) Address West Plains, Mo.

19. (a) 12-19-40 (b) Vida W Simons  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Rural  
(If outside city or town limits write "RURAL")

(d) Street No. Leota, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25  
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct  
1940 to Oct 25, 1940  
that I last saw him alive on Oct 20, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial Insufficiency

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. A. Beach (M. D. or other) MD 12-23  
Address Leota, Mo Date signed 12-23

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

RECEIVED

District Health Officer No. 5,

District File Number 14120

Date Filed \_\_\_\_\_

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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.