FILED JAN 22 1941

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44170

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 297

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 Nevada Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo 28 days (Specify whether years, months or days)

In this community: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon

(c) City or town: Durfield (If outside city or town limits, write "RURAL")

(d) Street No.: unknown (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Adam S. Younger

3. (b) If veteran, name war: unknown

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: 10 (Month) 23 (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 10 If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ?

FATHER

12. Name: Wm Younger

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

MOTHER

14. Maiden name: unknown

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

16. (a) Informant: State Hosp Record

(b) Address: Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Dupwood Cemetery

18. (a) Signature of funeral director: Frey Funeral Home

(b) Address: Nevada Mo

19. (a) Dec 13, 1940 (Date received local registrar) (b) Allen O. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1940 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-5, 1940, to 12-3, 1940, that I last saw him alive on 12-3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia

Due to: Chronic Myocarditis

Due to:

Other conditions: Senility 92 C (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: State Hosp #3 Date signed: 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-41-110
Date Filed 1-13-41

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 Floyd R. Winnett
Licensed Embalmer No. 3857
P. O. Address Nevada, Mo

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.