

115 FEB 25 1941
Registration District No. _____

Primary Registration District No. 1

1. PLACE OF DEATH: Adair

(a) County Adair

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

(c) Name of hospital or institution 613 East Missouri /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /

(c) City or town Kirksville /
(If outside city or town limits, write "RURAL")

(d) Street No. 613 East Missouri St. /
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles G. 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 married

6. (b) Name of husband or wife Lena L. Young 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 11 26 hr. min.

9. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bank Cashier

11. Industry or business Bank of Kirksville

MOTHER FATHER { 12. Name John Young

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

14. Maiden name Mahara Shumate

15. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lena L. Young

(b) Address Kirksville Missouri

17. (a) Burial (b) Date thereof Jan. 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cent.

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville Mo

19. (a) Feb. 1 - 1941 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1941 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Jan 27, 1941; and that I last saw him alive on Jan 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris with Chronic Myocarditis & myocardial degeneration

Due to Hypertension

Due to Coronary Sclerosis

Duration years

Other conditions (Include pregnancy within 3 months of death) [Signature]

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? 3

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature [Signature] (M. D. or other) 200
Address Kirksville Mo Date signed 1/28/41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-391

Date Filed FEB-19-1941

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 Laura A. Riley
Licensed Embalmer No. 3907
P. O. Address Wicksville 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, fact should be so stated above.