

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3540

State File No. _____

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. _____

240

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community No years, months or days

8. (a) PRINT FULL NAME Emmo Lina Young

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased about 1863 (Month) (Day) (Year)

8. AGE: Years about 78 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace New Madrid County - MO (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business No

MOTHER FATHER { 12. Name unk 9

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

14. Maiden name unk 9

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

16. (a) Informant Sam Young (b) Address New Madrid, Mo

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

(c) Place: burial or cremation New Madrid, Missouri - Cem.

18. (a) Signature of funeral director F. A. Richards (b) Address New Madrid, Mo

19. (a) Feb 11 1941 (Date received local registrar) (b) Wm O'Quinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid 72
(c) City or town New Madrid 5 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1941 hour 5:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 26, 1941.
that I last saw her alive on Jan 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia
Influenza infection
Due to _____

Due to _____
Other conditions unk (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration _____
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? _____

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

23. Signature W. J. Ogger (M. D. or other) 0
Address New Madrid, Mo Date signed Feb 11 1941

RECEIVED

District Health Officer No. 2,

District File Number 241-187

Date Filed 2/10/41

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 Leo Hedqvist

Licensed Embalmer No. 3808

P. O. Address Tru Modiv 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.