

Registration District No. 112

Primary Registration District No. 4427

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Richland
(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) 1
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1941 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12-15, 1940 to 1-3, 1941
that I last saw him alive on 1-2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy (stroke) Duration 1 day
Due to: Whooping Cough
Other conditions: lung disease
(Include pregnancy within 3 months of death)

Major findings: g
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nellie Luella Young

3. (b) If veteran, name war. 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Porter Young 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased June 9 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David N. Simons

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

14. Maiden name Mary A. Unknown 9

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

16. (a) Informant J. A. Casley
(b) Address Lebanon, Missouri.

17. (a) Burial (b) Date thereof 1/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

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

(b) Address Richland, Missouri

19. (a) Jan 4 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]
Address Richland, Mo Date signed 1-7-41

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

5-00

FEB 25 1941

RECEIVED

District Health Officer No. 5,

District File Number 24/223

Date Filed

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.

Not Embalmed

Signed *R. D. Seep*

Licensed Embalmer No. 3198

P. O. Address *Richmond*

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.