No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18264

Registration District No. 469 Primary Registration District No. 5-630 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) ~~City or town~~ ~~Miller~~ Lawrence Co.
(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 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Miller R.R. #1
(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.? all his life years.

3. (a) PRINT FULL NAME Samuel Plenty 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 Bertha
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 2 (Month) 25 (Day) 1887 (Year)

8. AGE: Years 53 Months 2 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Christian Co. D Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name James Young
13. Birthplace Christian Co. D Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Bolin
15. Birthplace Christian Co. D Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Bertha Young
(b) Address Miller Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Grove
18. (a) Signature of funeral director Morris - Lemon
(b) Address Miller Mo.
19. (a) 5-6-41 (Date received local registrar) (b) W. S. Bunney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from ___, 19__, to not at all, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Died without
Due to Med attention
Due to
Other conditions 44 Pt
(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? 420
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. S. Bunney (M. D. or other) 6-1-41
Address Miller Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-931
Date Filed JUN 10 1949

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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.