

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19242

FO JUN 4 1941
Registration District No. 874

Primary Registration District No. 4528

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Moundville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 da years, months or days)

3. (a) PRINT FULL NAME Mur Lee Young

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Dec (Month) 30 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Moundville, Mo. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Alles Young
13. Birthplace Vernon Co, Mo (City, town, or county) (State or foreign country)
14. Maiden name Franne Swartz
15. Birthplace unknown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Alles Young

(b) Address Moundville Mo

17. (a) Burial (b) Date thereof 1/8/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moss Cemetery

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Moundville Mo

19. (a) April 20 (b) Mrs O'Connell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon¹⁰⁸
(c) City or town Moundville (If outside city or town limits, write "RURAL")
(d) Street No. not named (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1941 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from 12-30, 1940, to 1-6, 1941; that I last saw him alive on Jan 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Transition Duration 6 days

Due to Prematurity
Due to 154

Other conditions none (Include pregnancy within 3 months of death)

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

23. Signature Mrs Love (M. D. or other) P
Address Nevada Mo Date signed 1/8/41

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

08
00
06

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

Lloyd R. Winscott

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.