

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31538

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 748

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield, Campbell Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 8
(If not in hospital or institution, write street number or location)
(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 Greene 39
(c) City or town Springfield, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route 8 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Nannie Young

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. Bruce Young

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 6, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. C. Bruce Young

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-17-41 (b) W. E. Havelley, Jr.
(Date received local registrar) (Registrar's signature)

987 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1941 hour 11:15 minute P.M.

21. I hereby certify that I attended the deceased from Apr 11-1941
19 to Sept 15, 1941;
that I last saw her alive on Aug 9-1941, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to Hypertension
Senile Dementia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/20

Major findings: none
Of operations _____

Of autopsy none

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 W. E. Havelley, Jr. (M. D. or other) W. E.

Address Springfield Mo Date signed 9/19/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1001-11-10-11

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.