

No. 2
1-13-40
-17-39
X23159

FILED DEC 10 1941

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1150

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
624 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULLNAME Mary F. Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr. A. G. Young 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased October ? 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months ? Days ? If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Levi DeVorss

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

14. Maiden name Margaret McMunn

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

16. (a) Informant J.R. Eisner

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Nov. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forbes, Missouri

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

(b) Address Oregon, Missouri

19. (a) Nov. 29, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forbes
(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. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1941 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov - 22
1941 to Nov - 27, 1941;
that I last saw him alive on Nov - 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Bacterial Duration 5 Days

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address 620 Prospect St. Forbes Mo Date signed 11-29-41

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

MOTHER FATHER

85

*J.P. Essner
Oregon*

1943

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..... *James H. Pettigrew*

Licensed Embalmer No. *3192*

P. O. Address..... *Oregon, Missouri*

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.