

42408

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1942

Registration District No. 498

Primary Registration District No. 4301

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Bucklin Mo.  
(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 41 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Bucklin, Mo  
(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.

8. (a) PRINT FULL NAME ISABELLE YOUNT

8. (b) If veteran, name war none 8. (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 Stephen Yount 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 17 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shawnee Mission, Kansas  
(City, town, or county) (State or foreign country)  
at home

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Francis M. Stanfill  
13. Birthplace Louisville Kentuc ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriette Davenport  
15. Birthplace Danville Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Herriman  
(b) Address Bucklin Missouri  
17. (a) Burial (b) Date thereof Dec 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Masonic, Bucklin Mo.

18. (a) Signature of funeral director James M. Laughlin  
(b) Address Marceline, Mo  
19. (a) 12-18-1941 (b) J. I. Cantwell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1941 hour 4 minute 05P M.

21. I hereby certify that I attended the deceased from 6/15 1936 to 12/16 1941;  
that I last saw her alive on 12/12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 R. L. Spear M.D. or other \_\_\_\_\_  
Address Bucklin, Mo. Date signed 12/17/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-1931

MAR 2 1982

**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 *Blanche M. Haugklier*

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.**