

FILED APR 3 1942

State File No.

Registration District No. 316

Primary Registration District No. 2001

Registrar's No. 225

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield (Ct.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HOURS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME VIVIEN YOUNG

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased 3 20 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day # hr. 35 min.

9. Birthplace WALNUT GROVE MO.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name ORVILLE YOUNG

13. Birthplace WALNUT GROVE MO.
(City, town, or county) (State or foreign country)

14. Maiden name LENA MAY BERRY

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

16. (a) Informant ORVILLE YOUNG

(b) Address WALNUT GROVE MO.

17. (a) BURIAL (b) Date thereof 3-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PHOENIX - MO.

18. (a) Signature of funeral director Family - Orville Young

(b) Address Walnut Grove, Mo

19. (a) 3-23-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE
(c) City or town WALNUT GROVE Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 W. EAST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1942 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/20
1942, to 3/21 1942
that I last saw her alive on 3/21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death INTRACRANIAL HEMORRHAGE

Duration

Due to 1600

Due to

Other conditions

(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?

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

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

Address Evanton Mo Date signed 3/25/42

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

139
2
6

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.....

Licensed Embalmer No.....

P. O. Address.....

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.