V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

33783

State File No.

Registrar's No. 775

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 Cherry 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Elyard A Young

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jessie L Young

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 6 (Month) 12 (Day) 1870 (Year)

8. AGE: Years ✓ 72 | Months 4 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business

MOTHER FATHER
12. Name William Young
13. Birthplace Unknown (City, town or county) Unknown (State or foreign country)
14. Maiden name Mellissa Stokes
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Jessie L. Young
(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo

19. (a) 10-31-42 (Date received local registrar) (b) Dr. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 1942 hour 11:15 A minute ~~P.M.~~ A.M.

21. I hereby certify that I attended the deceased from Jan 3, 1942, to Oct 29, 1942, that I last saw him alive on Oct 25, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 d
Due to Cardiovascular renal Disease	years
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 Guy D Calloway (M. D. or other) M.D.
Address Springfield Mo Date signed 10/31/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1942

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Ind.

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.