

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36625

State File No.

Registrar's No. 38

FILED DEC 11 1942
30
Registration District No.

Primary Registration District No. 5102

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

1. PLACE OF DEATH:
(a) County Beaton
(b) City or town Missouri rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 yrs.
In this community 38 yrs.
years, months or days

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

3. (a) PRINT FULL NAME John N. Young
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 11
year 1942 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct. 28 (office)
1942 to November 3 (H.O.) 1942
(that I last saw him alive on Nov. 3 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race Wk 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Young 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 6 (Month) (Day) (Year) 1869

Immediate cause of death Cardiac Failure Duration 8 days
Due to Mitral Regurgitation and Arteriosclerotic Heart Dis.
Due to Senility

8. AGE: Years 73 Months 6 Days 5 If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) 92 lb
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name Berj Young
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Clara Baugh
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Clark Young
(b) Address 15 Young St. Leonard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Cemetery

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 2
23. Signature M. H. Kneeland (M. D. or other) MD
Address Cross Timbers, Mo Date signed

18. (a) Signature of funeral director J. L. Lundy
(b) Address Whetland, Mo
19. (a) Nov 23 1942 (Date received local registrar) (b) Geo. D. Logan (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side) M. H. Kneeland, D. O.

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1294

Date Filed 12-8-42

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. 12982

P. O. Address Wheaton

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.