

FILED DEC 29 1942

Registration District No. ....

Primary Registration District No. 5326

Registrar's No. ....

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

1. PLACE OF DEATH:  
 (a) County: Crawford Rural  
 (b) City or town: Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Clinton Township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_  
 In this community: 17 years (Specify whether years, months or days)

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: M  
 6. (b) Name of husband or wife: Delia Young 6. (c) Age of husband or wife if alive, years: \_\_\_\_\_  
 7. Birth date of deceased: Dec 2 1872 (Month) (Day) (Year)

8. AGE: Years: 70 Months: 15 Days: \_\_\_\_\_ If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St Charles MO (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: \_\_\_\_\_

12. Name: J. L. Young

13. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name: Virginia Bird

15. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant: Raymond Young (b) Address: Steelville MO

17. (a) \_\_\_\_\_ (b) Date thereof: 12-20-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Steelville Cemetery

18. (a) Signature of funeral director: L. Danas (b) Address: Steelville MO

19. (a) 12-26-42 (b) A. M. Schrieder (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Crawford  
 (c) City or town: 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: American

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12 day: 17th year: 1942 hour: 8 minute: 55 P.M.  
 21. I hereby certify that I attended the deceased from: Nov 1 1942 to Dec 17 1942  
 that I last saw him alive on: Dec 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic valvular disease of heart  
 Duration: 1 yr

Contributory: Due to: Bronchial ulcer Duration: 6 months

Due to: \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death) 926

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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: R. B. Parker (M. D.)  
 Address: Steelville MO Date: 12-26-42

210  
129/42

1307

12-26-42

DEC 30 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 Harry M. Jones  
Embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Harry M. Jones  
Licensed Embalmer No. 2628  
P. O. Address Steckelb m d

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.