

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9725

State File No. ....

FILED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day

In this community 61 Years 0 months 3 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural #5, St. Joseph, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Sparta Road  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Chester Amos Young

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: May 10 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 10 3 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Commercial Artist

11. Industry or business

12. Name Robert I. Young

13. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Saran I. Thompson

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robt. I. Young

(b) Address Rural #5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 13th. & Farnon St. St. Joseph, Mo.

19. (a) 3-15-43 (b) Ree Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th.  
year 1943 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Mar 13 1943 to Mar 18 1943  
that I last saw him alive on Mar 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Disseminated Hemorrhagic Duration 3 days

Due to Blood stream rupture Duration 3 days

Due to

Other conditions 24a  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 24a

23. Signature John J. Payne (M. D. or other) MD

Address St. Joseph, Mo. Date signed 3-15-43

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

MOTHER FATHER

1233

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Geo E David*.....

Licensed Embalmer No. 3300 Missouri.....

P. O. Address St. Joseph, Missouri......

**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.**