

FILED APR 8 1943

Registration District No. 176

Primary Registration District No. 5364

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural, Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles West Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Julia Young
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Dr. W. F. Young
6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased February 5 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 11 hr. min.

9. Birthplace Greenville, South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Jas. M. Pickens
13. Birthplace Pickens County South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Jane Louisa Wilburn
15. Birthplace Pickens County South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant L. A. Young
(b) Address RFD, Gallatin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Ayr Cemetery

18. (a) Signature of funeral director Hope Furn & Unadt. Co.
(b) Address Gallatin, Mo.
19. (a) 3-16-43 (Date received local registrar) (b) L. O. Pickens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles West Gallatin, Mo
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1943 hour 2 minute 38 P. M.
21. I hereby certify that I attended the deceased from 3/16 to 3/16, 1943,
that I last saw h. 2 alive on 3/16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: H&F
Of operations

Of autopsy

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature John Starn (M. D. or other)
While at work? (Specify type of place) (e) Means of injury
address Daviess Date signed 3/16

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

108K

1014

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.....

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address *Salt Lake, Mo*

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.