

S. No. 2
FILED
OCT 8 1943
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32444

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 329

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs. 10 mos. 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES YOUNG

3. (b) If veteran, name war Unknown 3. (c) Social Security No. No

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1891
(Month) (Day) (Year)

8. AGE: Years About 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) Sept 25-1943 (Date received local registrar) (b) Tyndie Burkmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 21, year 1943 hour 1 minute 35 p.m.

21. I hereby certify that I attended the deceased from March 6, 1942 to September 21 1943 that I last saw him alive on September 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Infection.

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 job or place) (e) Means of injury _____

23. Signature Frank Nichols (M. D.)

Address Farmington, Mo. Date signed 9-21-43

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

MOTHER FATHER

Duration
2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 1043-2763

Date Filed 10-5-43

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.

not embalmed

Signed..... *Chace*

Licensed Embalmer No. 4184

P. O. Address *Summit 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.