No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38680

FILED DEC 8 1943

Registration District No. 8 [illegible] 6

Primary Registration District No. 57 45

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Madison
(b) City or town (Rural) Fredricktown Mo Rt #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Tiny
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 62
(c) City or town Rural - Rt #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Ruby Jewel Young
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ✓ 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct. (Month) 30 (Day) 1943 (Year)

8. AGE: Years 0 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Madison (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Gilbert Young
13. Birthplace Madison Co (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name Flora Stacy
15. Birthplace Madison Co. (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant Gilbert Young
(b) Address Fredericktown Mo Rt #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Faro Cemetery Madison Co
18. (a) Signature of funeral director Ed H Webb
(b) Address Fredericktown, Mo.
19. (a) Dec. 1-1943 (Date received local registrar) (b) S. G. Slaughter By E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 8h minute M.
21. I hereby certify that I attended the deceased from Oct 30, 1943 to Nov. 30, 1943
that I last saw h ✓ alive on Nov - 5, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atresia of the oesophagus	30 days
Due to: Anatomical defect from birth.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

15791

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W Harry Barron (M. D. or other)
Address Fredricktown Mo Date signed 11/30/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1243-298
Date Filed 12-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.