

FILED DEC 27 1943

Registration District No.

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1243 E. Mc. Daniel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No. 1243 E. Mc. Daniel
(If rural, give location)

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

3. (a) PRINT FULL NAME George Bayles Youngblood

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife May Youngblood

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept. 23 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>12</u>	<u>19</u>hr.min.

9. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocerman

11. Industry or business None

MOTHER FATHER {

12. Name James P. Youngblood

13. Birthplace Washington Co. Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Bayles

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

16. (a) Informant John B. Youngblood

(b) Address 929 E. Elm, Spfld., Mo.

17. (a) Burial Burial (b) Date thereof 12-13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Spfld., Mo.

19. (a) 12-13-43 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th.
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-30-'43, 19....., to 12-12-'43, 19.....; that I last saw him alive on 12-11-'43, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency
Arteriosclerosis

Duration months
yrs

Due to.....

Due to.....

Other conditions 93e2
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

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 [Signature]

Address Spfld., Mo. Date signed 12-13-43

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.

Signed *Charles H. M^cCallister*

Licensed Embalmer No. *2891*

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.

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