

S. No. 2
M-2-43
5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4682**
Registrar's No. **6**

Registration District No. **340** Primary Registration District No. **6151**

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

1. PLACE OF DEATH:
(a) County **Stoddard**
(b) City or town **Parma "Rural"**
(c) Name of hospital or institution: **92th Jungs**
(d) Length of stay: In hospital or institution **1**
In this community **32 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Parma, R.I.**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Will YOUNG**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **10**
year **1944** hour **9** minute **30P.** M.
21. I hereby certify that I attended the deceased from **Sept. 42** to **Jan. 1944**
that I last saw him alive on **Jan 1** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Emma Young** 6. (c) Age of husband or wife if alive **60 years**
7. Birth date of deceased **March 20 1883**

Immediate cause of death **Chronic Valvular Heart Disease (Mitral regurgitation)**
Duration **10 mos.**

8. AGE: Years **60** Months **9** Days **20**
9. Birthplace **Grays Ark.**

Other conditions: **928**
Major findings: **None**
Of operations **None**
Of autopsy **No**

10. Usual occupation **farming**
11. Industry or business _____
12. Name **N. W. Young**
13. Birthplace **North Carolina**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

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? **no**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Emma Young**
(b) Address **Parma Mo.**
17. (a) **burial** (b) Date thereof **Jan 12 1944**
(c) Place: burial or cremation **Black Cemetery**
18. (a) Signature of funeral director **Watkins Funeral Service**
(b) Address **Parma Mo.**
19. (a) **1-17-44** (b) **Cardie Miller**

23. Signature **W. C. Drickman**
Address **Dexter Mo.** Date signed **1.11.44**

RECEIVED

District Health Office No. 2,

District File Number 244-267

Date Filed 2-7-44

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.....

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.