

Registration District No. **7**

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Grim-Smith Hospital & Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **49 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Memphis**
(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 _____

3. (a) PRINT FULL NAME

Bert Young

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Myrtle** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 1 - 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **2** hr. _____ min. _____

9. Birthplace **Louisa Co. Ia** (City, town or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER, FATHER { 12. Name **David Young**
13. Birthplace **Penn**
14. Maiden name **Murietta East**
15. Birthplace **Germany**

16. (a) Informant **Mrs Josephine Hohmann**
(b) Address **11827 Lucas St. Muncie**

17. (a) **Burial** (b) Date thereof **Feb 5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **W. B. Crabb**
(b) Address **Memphis, Mo**

19. (a) **2/8/44** (b) **M. L. Wagon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3** year **1944** hour **5** minute **20 p.m.**

21. I hereby certify that I attended the deceased from **December 15** 19**43** to **February 3** 19**44**; that I last saw him alive on **Feb. 3** 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphatic leukemia followed by broncho pneumonia**

Duration **1 1/2 mos.**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **107**

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) **XX**
(b) Date of occurrence **XX**
(c) Where did injury occur? **XX** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **XX**
(Specify type of place)
While at work? **XX** (e) Means of injury **XX**

23. Signature **A. B. Crabb** (M. D. or other)
Address **A. B. Crabb M.D. Kirkville Mo.** Date signed **2-7-44**

RECEIVED

District Health Officer No. 10

District File Number

3-44-512

Date Filed

MAR 8 1944

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.....

Fred Guth

Licensed Embalmer No. 4256

P. O. Address.....

Memphis

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.