

FILED MAR 8 1944
Registration District No. 774

Primary Registration District No. 3035

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

1. PLACE OF DEATH
(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution Nil
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington, Mo.
(d) Street No. Water Tower
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas Sexton Young
(b) If veteran, name war Nil
(c) Social Security No. 487-16-6423

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14
year 1944 hour 3 minute 10 P.M.

4. Sex Male 5. Color of face Col.
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Adline Young
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. 20 1863

21. I hereby certify that I attended the deceased from Jan 13 1944 to Feb 14 1944
that I last saw him alive on Feb 13 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Atherosclerosis and
Pulmonary embolism
Duration 2 days

8. AGE: Years 80 Months 3 Days 24
If less than one day hr. min.

Due to Atherosclerosis and Pulmonary embolism
Due to

9. Birthplace Lafayette Co. Mo. Missouri

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Pensioner

Major findings: Of operations

11. Industry or business Nil

Of autopsy

12. Name Thomas Young

PHYSICIAN J. B. A.

13. Birthplace Unknown

14. Maiden name Flora Sexton

15. Birthplace Unknown Virginia

16. (a) Informant Mrs. Adline Young
(b) Address Lexington Missouri

17. (a) Burial (b) Date thereof 2-20-1944

(c) Place: burial or cremation Oak Grove, Ceme-
18. (a) Signature of funeral director Green & Sons
(b) Address Lexington, Mo.

19. (a) Feb-19-44 (b) Mrs. Fred Schuab
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(c) Means of injury
23. Signature of Dr. Roland (M. D. or other)
Address Lexington Mo Date signed 2/16/44

RECEIVED

Health Officer No. 8,

3-7-44

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..... *William Nusley*

Licensed Embalmer No. *3105*

P. O. Address *Lexington, 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.