

FILED MAR 27 1944

Registration District No. 180

Primary Registration District No. 5672

Registrar's No.

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Fernal R.M.D. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Linn
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME Mary A 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 2
 6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 28 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 11 If less than one day hr. min.

9. Birthplace New Hope MO
 (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business House Keeping

12. Name Adison Foley

13. Birthplace VA
 (City, town, or county) (State or foreign country)

14. Maiden name Mary C. Watson

15. Birthplace Louisiana MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fishes

(b) Address Foley Mo

17. (a) Burial (b) Date thereof 2-22-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton Mo

18. (a) Signature of funeral director W.D. Bradley
 (b) Address Elberry MO

19. (a) 2-12-44 (b) Mrs. Swindler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
 year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-8-44 to 2-5-44
 and that I last saw him alive on 2-5-44
 and that death occurred on the date and hour stated above.

Immediate cause of death: Type State Confusion
Influenza & Pneumonia
 Due to: Influenza & Pneumonia
 Due to:

Duration
4 days
10 days

Other conditions: (Includes pregnancy within 3 months of death) 330

Major findings: Of operations: 330
 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) Means of injury

23. Signature J. J. Keeling (M. D. or other)
 Address Elberry Mo Date signed 2-10-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-22-44

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. 3966

P. O. Address E. Shum

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.

Registration District No. 180

Primary Registration District No. 5672

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Bur Oak Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: 11 year In hospital or institution. (Specify whether
In this community 11 year years, months or days)

3. (a) PRINT FULL NAME Mary A. 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 Widowed

6. (b) Name of husband or wife Dr. David Beckman Young 6. (c) Age of husband or wife if alive about 11 years

7. Birth date of deceased Aug 28 1908
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days no. If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) CR 110 (Date received local registrar) (b) Ms Susan High (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1944 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from 11 1944 to 11 1944 that I last saw him alive on Aug 28 1944 and that death occurred on the date and hour stated above.

Cause of death Heart Duration

Other conditions no.
(Include pregnancy within 3 months of death)

Due to

Due to

Other conditions

Major findings:
Of operations

Of autopsy

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? at home
(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 Ms Susan High (M. D. or other)

Address CR 110 Date signed

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

SUPPLEMENTARY

MOTHER FATHER

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

11400