

**FILED MAY 12 1944**

Registration District No.

Primary Registration District No. 3019

Registrar's No.

64

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett  
(c) Name of hospital or institution: Presnell Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Missouri (b) County Dunklin  
(c) City or town Nalcomb 35  
(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 CLAUD ALFORD YOUNG

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. ✓ 6

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 28, 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
8 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Joe Alford Young

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

14. Maiden name Stella Redfern

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

16. (a) Informant Joe Alford Young

(b) Address Nalcomb, Mo.

17. (a) Burial (b) Date thereof 4/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveyard, Kennett, Mo.

18. (a) Signature of funeral director J. H. Howard

(b) Address Seachelle, Ark.

19. (a) 4-8-44 (b) Julia Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-29, 1944, to 4-1, 1944  
that I last saw him alive on 4-1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death feetia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 119a  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_ (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 A. C. Wilson (M. D. or other) MD

Address Kennett, Mo. Date signed 4-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3  
22

RECEIVED

District Health Office No. 2,

District File Number 244-698

Date Filed 5-11-44

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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 N. N. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville Ark

**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.**