

FILED OCT 27 1944  
Registration District No. 208

Primary Registration District No. 5777

Registrar's No. 24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
15005

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Piney Twsp.  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 69 years (Specify whether \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Robert Alexander 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 Married

6. (b) Name of husband or wife Eliza Couch 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 29 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name R. Payton Young

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

14. Maiden name Laura Moore

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

16. (a) Informant R. Young Hall  
(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 8/4/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton Cem.

18. (a) Signature of funeral director Geo. Thayer  
(b) Address Thayer, Mo.

19. (a) Geo. Thayer (b) Allen Pro  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton (Rural)  
(If outside city or town limits, write "RURAL") 1

(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. day 2  
year 1944 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Dec 1943 to Aug 2 1944  
that I last saw him alive on July 31 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Summer Gastritis Duration 2 1/2 yrs

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

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

Other conditions (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) (c) Means of injury \_\_\_\_\_

23. Signature Allen Pro (M. D. or other) \_\_\_\_\_

Address Alton Mo Date signed \_\_\_\_\_

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

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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.....

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.**