

FILED JUN 26 1945 128

Primary Registration District No. 2000

Registrar's No. 476

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield - "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roma Ellen Young

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife George P. Young 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased March 18, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Jessie D. Brewer

13. Birthplace UNK. N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Glover

15. Birthplace UNK. W. Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Young

(b) Address Route 4 - Springfield, MO

17. (a) Burial (b) Date thereof June 14 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director W. H. Thurgner & Co.  
(b) Address Springfield, Mo.

19. (a) 6-14-45 (b) W. H. Thurgner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 of year 1945 hour 12 minute 5 AMP.

21. I hereby certify that I attended the deceased from Feb 22 1945 to June 11 1945  
that I last saw her alive on June 11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 4.5 min.

Due to Myocardial Infarction 1935-95

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93.2!

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 Leslie P. Webb (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 6/14/45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

984

22

**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..... *Ogden Stone Jr.*.....  
Licensed Embalmer No. *4174*.....  
P. O. Address *Springfield 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.**