

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 2 1946
93

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2542**
Registrar's No. **5**

Registration District No. _____ Primary Registration District No. **4154**

1. PLACE OF DEATH:
(a) County **Dale**
(b) City or town **Greenfield**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **54 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dale**
(c) City or town **Greenfield**
(d) Street No. **City**
(e) Citizen of foreign country? **No**
If yes, name country **No**

3. (a) PRINT FULL NAME **THOMAS JACOB YOUNT**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **23**
year **1946** hour **10** minute **30 A.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Minnie F.**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **February 18, 1891**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-20-1946** to **1-23-1946**
that I last saw him alive on **1-23-1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **11** Days **10**
If less than one day hr. min.

Immediate cause of death **Uremia**
Due to **Nephritis**

9. Birthplace **Cedar Co Missouri**
10. Usual occupation **Retired Farmer**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business **Farm**
12. Name **Wm J. Yount**
13. Birthplace **No Record**
14. Maiden name **Annie Needham**
15. Birthplace **No Record**

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)
(e) Means of injury _____

16. (a) Informant **Mrs. Minnie Yount**
(b) Address **Greenfield, Mo**
17. (a) **Burial** (b) Date thereof **1-25-46**
(c) Place: burial or cremation **Greenfield Cemetery**
18. (a) Signature of funeral director **Sam'l. Sweeney Jr**
(b) Address **Greenfield, Mo**
19. (a) **Jan 29-46** (b) **Edo L. Kirk**
(Date received by registrar) (Registrar's signature)

23. Signature **J. D. Coyle** (M. D. or health officer)
Address **Rockwood Mo** Date signed **1-24-46**

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

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

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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 *Sam E. Senseney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, Mass.*

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.