

FILED SEP 3 1946

State File No. _____

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days
(Specify whether
in this community 31 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 310 W. 2nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roscoe D. Young

3. (b) If veteran, name war World War I 3. (c) Social Security No. 510 01 1306

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline P. Young 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 2, 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Deisel Engineer

11. Industry or business Pipe line Company

MOTHER FATHER

12. Name James M. Young

13. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Martin

15. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin-

(b) Address istration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 8-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Removal Carrollton, Missouri

18. (a) Signature of funeral director Standley & Gibson Funeral Home

(b) Address Carrollton, Missouri

19. (a) 8/22/46 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1946 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 19 46 to August 16, 19 46;
that I last saw him alive on August 16, 19 46;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active.

Duration

unknown

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 136

Major findings: Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy No autopsy performed

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 Ernest H. Tapp (M. D. or other) MD

Address Veterans Administration Hospital 8-16-46

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

25443

115-46-462

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-31-46

OCT 10 1946

OCT 4 1946
SEP 10 1946

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..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address..... *Carrollton, Ga*

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.