

Registration District No. **375**

Primary Registration District No. **4551**

Registrar's No. **37**

1. PLACE OF DEATH

(a) County Wright
(b) City or town Hartsville
(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)
(d) Length of stay: In hospital or institution 8.3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 114
(c) City or town Hartsville
(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 JAMES WILLIAM YOUNG

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive 18 6/2 years
7. Birth date of deceased Dec 9
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation Telephone employe

11. Industry or business

12. Name Jeff Young
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Pasley
15. Birthplace Unknown 50
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E C Clayton
(b) Address Hartsville, Mo

17. (a) Burial (b) Date thereof 8-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartsville, Mo

19. (a) Aug 19, 1946 (b) B. B. Garner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1946 hour 2 minute 0 A.M.
21. I hereby certify that I attended the deceased from July 19
1946 to Aug 17 19 46
that I last saw him alive on Aug 16 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Renal Disease
Duration years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 12/16

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

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)
(a) Means of injury 11
23. Signature Hollister (M. D. or other) MD
Address Hartsville Mo Date signed 8-18-46

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

MOTHER FATHER

RECEIVED

District

Original No. 6,

District File Number ~~846-888~~ 880

Date Filed AUG 26 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 *Gene E. Haldren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, 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.