

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 6 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 15

Primary Registration District No. 5069

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Lamar Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Mi E. 1/2 Mi S. 1 Mi E. 6/10 M S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural Lamar Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 1 M E. 1/2 M S. 1 M E. 6/10 M S
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Young

3. (b) If veteran, name war XXXXXXXX
3. (c) Social Security No. XXXXXXX

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

6. (b) Name of husband or wife Mary J. Huberd Young
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 14, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER {
12. Name Francis Marion Young
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name MARY MARGRET COWDICK
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary H. Smith
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof October 28
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park-K C Mo

18. (a) Signature of funeral director Gibson Funeral Home
(b) Address 1201 Bdwy Lamar, Missouri

19. (a) October 25, 1946 (b) M. E. Duesel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th
year 1946 hour 1 minute 50 a.m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Aterio-sclerotic-sclerosis

Due to Died suddenly - before medical aid arrived
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations AAA
Of autopsy _____
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) (e) Means of injury _____
23. Signature C. E. Duesel (M. D. or other) M.D.
Address Springer Barton County Date signed Oct 25 1946

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

RECEIVED

District Health Officer No. 6,

District File Number 1146-1115

Date Filed NOV 6 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 *A. W. Gibson*

Licensed Embalmer No. 2299

P. O. Address 1201 Belway Lamar, Me.

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.