

FILED FEB 14 1947  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 852  
Registrar's No. 109

Registration District No. 128

Primary Registration District No. 2000

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

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 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Approx 4 1/2 hrs.  
(Specify whether years, months or days) 4 years

3. (a) PRINT FULL NAME Marshall Alexander Young  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex M | 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Edna  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Dec 1 1885  
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day  
61 | 2 | 4 | hr. min.

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

10. Usual occupation Salesman

11. Industry or business LIVESTOCK.

MOTHER FATHER

12. Name Marshall Young  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Waltha McCreary  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marshall Young  
(b) Address 620 W. Walnut  
17. (a) Burial (b) Date thereof 2-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Sam'l S. Sweeney Jr  
(b) Address Springfield Mo.  
19. (a) 2-5-47 (b) W. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 620 W. Walnut 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5<sup>th</sup>  
year 1947 hour 7 minute 20 a. M.  
21. I hereby certify that I attended the deceased from 2-5-47 to 2-5-47  
that I last saw him alive on 2-5-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 4 1/2 hrs.

Due to Hypertension ?

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 83A  
Of operations \_\_\_\_\_  
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 Bruse Lemmon Jr (M. D. prothon)  
Address Springfield, Mo. Date signed 2-5-47

MAR 26 1947

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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. Sencer*

Licensed Embalmer No. *4099*

P. O. Address. *Greenfield, 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.