

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5854

FILED FEB 25 1947

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural - Richmond Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 1/2 miles north Richmond
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 Miles North of Richmond
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Austin Young
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 10
year 1947 hour unknown M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Lula Steva
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased January 12, 1873
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94A
Of autopsy _____

8. AGE: 74 Years 1 Months 29 Days If less than one day
hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Warrens Young

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hattie V. Foshee

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison Young

(b) Address Richmond, Missouri

17. (a) Burial (b) Date thereof 2/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Todd's Chapel Cem.

18. (a) Signature of funeral director Quest-Lile F.H.
(b) Address Richmond, Missouri

19. (a) Feb. 17-1947 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J.F. Baber (M.D. or other) 3
Address Richmond Date signed 2-11-47

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

MOTHER FATHER

275 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

JAN 17 1947
14-657

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.....

Louis Zwart

Licensed Embalmer No.....

4096

P. O. Address.....

Richmond, Va

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.