DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 983

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 24715

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 141 days (Specify whether years, months or days)

In this community: 141 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1105 Walnut 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: Beatrice Elnora Young

3. (b) If veteran, name war: no

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clinton Young

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: January (Month) 17 (Day) 1919 (Year)

8. AGE: Years 28 | Months 4 | Days 26 | If less than one day: hr. min.

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

10. Usual occupation: housewife

11. Industry or business:

FATHER 12. Name: Fenton Payton

13. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Lida Whitehead

15. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ethel McMichael, Record Clerk

(b) Address: Mo. State San, Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 13 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cem - Carthage, Mo

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Mo

19. (a) 6-30-47 (Date received local registrar) (b) C. A. Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from January 23, 1947, to June 12, 1947; that I last saw her alive on June 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	over 7 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: B
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: C. E. Hellweg M. D. (M. D. or other)

Address: Mo. State San, Mount Vernon, Mo. Date signed: 6-12-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 147-733
Date Filed JUN 21 1947

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 Lois R. Knell, Registered Apprentice No. 404 working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.