

FILED AUG 9 1947
Registration District No. _____

Primary Registration District No. 5753

Registrar's No. 160

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville, Mo "Rural" Polk
(If outside city or town limits, write "RURAL" and name of township)
8 Miles East & 2 South
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 69 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway 74
 (c) City or town Maryville "Rural"
(If outside city or town limits, write "RURAL")
6 Miles East, 2 Miles South
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME FRANCIS MARION YOUNG
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 29
 year 1947 hour 7 minute 10 A. M.

4. Sex Male 5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Alice (Deceased)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: April 10, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAY 18 1947 to JULY 29 1947
 that I last saw him alive on JULY 29 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIO VASCULAR RENAL DISEASE Duration 2 YRS

8. AGE: Years 95 Months 3 Days 19
 If less than one day: * * * * *
hr. min.

Due to SENILITY

9. Birthplace: Putman County Indiana
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) imp

11. Industry or business None

Major findings: Of operations _____

12. Name S. N. Young

Of autopsy _____

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

14. Maiden name Mary Jane LaFollett

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

16. (a) Informant T. S. Young

(b) Address Conception Jct., Mo.

17. (a) Burial (b) Date thereof 7-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

(c) Signature of funeral director Francis Funeral Home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) Jul 21 (b) Wesley H. ...
(Date received by registrar) (Registrar's signature)

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 W. P. Lawrence (M.D. or other) DO

Address Maryville Mo Date signed 7-30-47

FEB 17 1948

JUL 8 1959

APR 23 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *W L Ger*

Licensed Embalmer No. *2539*

P. O. Address *Manville 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.