

National Office of Vital Statistics  
**FILED OCT 13 1947**  
Registration District No. 1247

Primary Registration District No. 1000

State File No. ....

Registrar's No. 1182

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2717 Sacramento St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 years. (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2717 Sacramento  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Phebe Young

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. William Young 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. July 29 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>87</u>	<u>2</u>	<u>1</u>	..... hr. .... min.

9. Birthplace. Peru Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation. At home

11. Industry or business. At home

12. Name. Peter Debo

13. Birthplace. Unknown France 5  
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Hummeyer 4

15. Birthplace. Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant. St. Joseph, Mo.

(b) Address. Burial

17. (a) Burial (b) Date thereof. 10/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Ashland Cemetery

18. (a) Signature of funeral director. Heaton-Bowman

(b) Address. St. Joseph, Mo.

19. (a) 10-7-47 (b) No. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30  
year. 1947 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 30 Sept 1947 to 30 Sept 1947  
that I last saw her alive on 30 Sept 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage Duration 5 days.

Due to arteriosclerosis 7

Due to senility

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

Major findings: Of operations.

Of autopsy. g. 2A

PHYSICIAN

Underline the cause of 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.....

23. Signature. Willie C. McRae (M. D. or other) M.D.

Address. 301 N. 8th St. Date signed. 1 Oct. 47

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

MOTHER PAYEE

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.....  
*Francis J. Wyland Jr.*..... Registered Apprentice No. *444*  
working under my personal supervision.

Signed..... *Eugene Wood*  
Licensed Embalmer No. *3804*  
P. O. Address *319 S. 10th St. Joseph, 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.