S. No. 2
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Dr Guy Meredith

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 31618

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 N. Winfield (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No.: 108 N. Winfield (If rural, give location) 5
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Jesse Jacob Young
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Martha Jane
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: August (Month) 28 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	0	17	..... hr. ..... min.

9. Birthplace: Alabama (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business: retired farmer
FATHER
12. Name: Jim Young
13. Birthplace: dont know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Margaret Eudy
15. Birthplace: dont know (City, town, or county) (State or foreign country)
16. (a) Informant: M.A. Young
(b) Address: 211 Maiden Lane
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Aug 30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial
18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Missouri.
19. (a) 8-30-47 (Date received local registrar) Dolores Lampkins D.R. (Registrar's signature) 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1947 hour 5:0 minute 30 p M.
21. I hereby certify that I attended the deceased from May 1 1947, to Aug 28 1947, that I last saw him alive on: Aug 28 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: 0
23. Signature: Guy D. Meredith (M. D. or other) MD
Address: 401 Francis Bldg Date signed: 8-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-750

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 Erling M. Dungey

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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.