

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8084**
Registrar's No. **111**

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
(a) County **CAPE GIRARDEAU**
(b) City or town **CAPE GIRARDEAU**
(c) Name of hospital or institution: **ST. FRANCIS 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 days**
In this community **40 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM E. YOUNT**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JUNE - 3 - 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 4 hr. min.

9. Birthplace **YOUNT, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **DOCTOR**

11. Industry or business _____

MOTHER FATHER
12. Name **HENRY YOUNT**
13. Birthplace **PERRY Co. MO**
14. Maiden name **MARY J. COONTS**
15. Birthplace **PERRY Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **WM. I. YOUNT**
(b) Address **OROVILLE CAL.**

17. (a) **CREMATION** (b) Date thereof **APR 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation **VALHALLA, ST. LOUIS, MO**

18. (a) Signature of funeral director **Nathus Funeral Home**
(b) Address **CAPE GIRARDEAU MO**

19. (a) **4-7-48** (b) **C. G. Summers**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **CAPE GIR.**
(c) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL")
(d) Street No. **700 No. PACIFIC**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APR**, day **6**, year **1948**, hour **4** minute **0** P. M.
21. I hereby certify that I attended the deceased from **Feb 15**, 19**48**, to **April 6**, 19**48**; that I last saw him alive on **April 5**, 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory Failure.** Duration **3 Mo.**
Due to **Auricular Fibrillation ?**
Due to **Coronary Artery Disease and Generalized ?**
Other conditions **Arteriosclerosis.**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **940**

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?

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **Charles F. Wilcox** (M.D. or other) **M.D.**
Address **727 Broadway** Date signed **4-9-48**

RECEIVED

District Health Officer No. 4

File Number 448-482

4-13-48

MAY 25 1948

AUG 15 1948

FEB 26 1957

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.....

Richard O. Rain....., Registered Apprentice No. 502
working under my personal supervision.

Signed Virgil K. Kelch.....

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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.