3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Pickett 19223
State File No.

Registration District No. 928 — Primary Registration District No. 2000 — Registrar's No. 482

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 617 S. Broadway
(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): Life
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 617 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: Nancy J. Young
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James E. Young
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: July (Month) 20 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	18	hr. min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: Sam Miam Young
13. Birthplace: Kansas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah (Unknown)
15. Birthplace: Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lundy A. Mack
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 6-10-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 11 minute 45a. M.
21. I hereby certify that I attended the deceased from May 11, 1948 to June 7, 1948 that I last saw her alive on June 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MyO-Cardiac Insufficiency	1 wk.
Due to: Arterio-Sclerosis	yrs.
Due to: Hypostatic Pneumonia	3 da.
Other conditions: Hypostatic Pneumonia (Include pregnancy within 3 months of death)	3 da.

Major findings:
Of operations:
Of autopsy: 535

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: [illegible] MD or other
Address: Sfld. Mo. Date signed: 6-9-48

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

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.