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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19888

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 103

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chum Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 N. Dougherty 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. Young
3. (b) If veteran, name war No
3. (c) Social Security No. No data
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Young
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 5 1869 (Month) (Day) (Year)

8. AGE: Years 78 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace No data Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business —
MOTHER FATHER
12. Name Samuel Young
13. Birthplace No data Ky. (City, town, or county) (State or foreign country)
14. Maiden name No data
15. Birthplace No data (City, town, or county) (State or foreign country)
16. (a) Informant Emma Young Webb City
(b) Address Webb City, Mo
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof July 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Hedge Funeral
(b) Address Webb City, Mo
19. (a) JULY 9; 48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 6-26, 1948, to 7-4, 1948; that I last saw him alive on 7-4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia	3 days
Due to: Hydronephrosis	Unknown
Due to: Urinary Retention & Prostatic Enlargement	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Webb City, Mo. Date signed 7/7/48

(Licensed Embalmer's Statement on Reverse Side)

48-6-592

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 Leonard J. Levin Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.