

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Filbourn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Filbourn
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA YOUNGE

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex FEMALE race C

5. Color or race C

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife FRED YOUNGE

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Oct - 2 - 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day hr. min.

9. Birthplace NEW MADRID, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name IKE THOMAS

13. Birthplace VNK.
(City, town, or county) (State or foreign country)

14. Maiden name Adrian Watson

15. Birthplace New Madrid, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLIE C. YOUNGE

(b) Address 3021 CLARK ST. LOUIS, MO.

17. (a) Buried (b) Date thereof 4/6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COMMUNITY

18. (c) Signature of General Director Richard Lusk Co

(b) Address New Madrid, Mo.

19. (a) 6-19-48 (b) P. J. Borden Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 3:15 minute P.M.

21. I hereby certify that I attended the deceased from May 1 - 1948 to May 31 - 1948
that I last saw him alive on May 30 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Leakage Valve
Several Months Duration

Due to ✓

Due to ✓

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?

While at work? (Specify type of place) Means of injury 0

23. Signature E. N. Wilson (M. D. or other)

Address Filbourn Mo Date signed 6-2-48

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

MOTHER FATHER

JAN 3 1949

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 *L. H. Smith*
Licensed Embalmer No. *3803*
P. O. Address *San Marcos, Ind.*

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.