

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31880**  
Registrar's No. **397**

FILED NOV 4 1948

Registration District No. ....

Primary Registration District No. **3000**

Registrar's No. **397**

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

1. PLACE OF DEATH:  
(a) County **Adair**  
(b) City or town **Kirkville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **205 E. Illinois**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **Life** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Adair**  
(c) City or town **Kirkville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **205 E. Missouri** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **John C. Young**  
3. (b) If veteran, name war .....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **22**  
year **1948** hour **12:30** minute **P.** P.M.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rebecca Hatfield**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Feb. 11 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 23**  
**1947** to **Oct. 26** 19**48**  
that I last saw him alive on **Oct. 22** 19**48**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic**  
Duration **5 months**

8. AGE: Years **75** Months **8** Days **11**  
If less than one day  
..... hr. .... min.

Due to **Chronic Cardio-vascular renal disease** **5 yrs.**

9. Birthplace **Adair County Missouri**  
(City, town, or county) (State or foreign country)

Due to .....

10. Usual occupation **Banker**

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business .....

Major findings:  
Of operations **131 A**

12. Name **John L. Young**

Of autopsy .....

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

PHYSICIAN  
Underline the cause of which death should be charged statistically.

14. Maiden name **Mahala E. Shumate**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rebecca Young**  
(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **10/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Hills Cmt.**

18. (a) Signature of funeral director **Dee Riley Funeral Home**  
(b) Address **Kirkville, Missouri**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

19. (a) **10-25-48** (b) **Wate Lambert**  
(Date received local registrar) (Registrar's signature)

23. Signature **Ed S. ...** (M. D. or other)  
Address **Kirkville, Mo.** Date signed **10/23/48**

APR 11 1950

RECEIVED

District Health Officer No. 10

District File Number 11-48-1866

Date Filed NOV 3 - 1946

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 Ray H. Mercer, Jr.

Licensed Embalmer No. 4472

P. O. Address Kirksville, 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.