No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33612

State File No.

FILED OCT 27 1948

Registration District No. 2 | Primary Registration District No. 3047 | Registrar's No. 91

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 212 So. Wood St.
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: NEWTON
(c) City or town: Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 212 So. Wood St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: J. WALTER YOUNG
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: BERTHA YOUNG
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: JANUARY (Month) 21 (Day) 1890 (Year)

8. AGE: Years 58 | Months 8 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace: HARRISON (City, town, or county) ARKANSAS (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business: RAIL ROAD
FATHER
12. Name: JAMES YOUNG
13. Birthplace: BOONE Co. (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name: DORA ANN HARRISON
15. Birthplace: TENN. (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs. Bertha Young
(b) Address: Neosho Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Neosho I.O.O.F.
18. (a) Signature of funeral director: Corley Thompson
(b) Address: Neosho Mo
19. (a) Oct 21, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1948 hour 8:45 minute a.m.

21. I hereby certify that I attended the deceased from October 10th 1948 to Oct 17 1948 that I last saw him alive on Oct 17th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis acute Bacterial	6 days
Due to	
Due to Chronic Rheumatoid arthritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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: Melvin C. Bullough (M. D. or other) D.O.
Address: Law Bk Bldg Neosho Mo Date signed 10/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. Newton Co. Health Unit
District File Number 1048-403
Date Filed 10-25-48

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 Ralph Kenneth Patterson, Registered Apprentice No. 270, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.