

FEDERAL BUREAU OF INVESTIGATION
 NATIONAL OFFICE OF VITAL STATISTICS
FILED DEC 27 1948
 REGISTRATION DISTRICT NO. 3600

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

W. Nelson 42261
 State File No. _____
 Registrar's No. 189

Primary Registration District No. 3076

1. PLACE OF DEATH:
 (a) County Vernon -
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Nevada City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 yrs - (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella Francis Fisk Young -
 3. (b) If veteran no - name war _____
 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 Geo. Washington Young
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 29, 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 13 hr. _____ min.

9. Birthplace Schellby Mo
 (City, town or county) (State or foreign country)

10. Usual occupation Retired Home keeper -

11. Industry or business _____
 12. Name Vernon Fisk
 13. Birthplace N. Y. City N. Y.
 (City, town or county) (State or foreign country)
 14. Maiden name Lucinda B. Higgins
 15. Birthplace Louisville Mo
 (City, town or county) (State or foreign country)

16. (a) Informant Ho. Young
 (b) Address Nevada, Mo -

17. (a) Removed (b) Date thereof 12-16-48
 (Burial/cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Schellby Mo -

18. (a) Signature of funeral director Cushing Funeral Home
 (b) Address Nevada, Mo

19. (a) 12-20-48 (b) Rathburn Yancy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo - (b) County Vernon - 10
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 416 W Cherry St -
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - day 12 th
 year 48 - hour 3 - minute 28 P.M.
 21. I hereby certify that I attended the deceased from November 8, 1948 to December 12, 1948
 that I last saw her alive on December 12, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Rt Ventricular Failure 6 days
Arteriosclerotic Cardio Vas. Disease years
 Due to Chronic Myocarditis
Arteriosclerosis generalized
 Due to _____

Other conditions Fracture Rt Hip
 (Include pregnancy within 3 months preceding death) WEAST Reduced
 Duration 29 days

Major findings: Of operations _____
 Of autopsy: no
 ADDITIONAL SUPPLEMENTAL INFORMATION

22. If death was due to external causes, fill in the following: (P.P.T.)
 (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 W. Nelson (Other) _____
 Address Nevada Mo Date signed 12/14/48

MOTHER FATHER

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

RECEIVED

District Health Officer No. 7;

District File Number 11-48-147

Date Filed 12-24-48

DEC 27 1948

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 Mark C. Ehringer

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Ella F.F. Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29 1912
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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) Accident

(b) Date of occurrence Nov. 3 1948

(c) Where did injury occur? Nevada Mo Vernon
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature W. M. Allen (M. D. or other)

Address Nevada, Mo Date signed 12/3/48

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

SUPPLEMENTARY

S-42261