

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37875

FILED DEC 8 1943

Registration District No. 1

Primary Registration District No. 3008

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Galloway
(b) City or town Jullon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs 4 mo 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mrs. Lila Young

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William Young 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased July 28 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 22 hr. min.

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

10. Usual occupation farmwork

11. Industry or business

12. Name Marion Marshall
13. Birthplace Becky, Holt Mo
(City, town, or county) (State or foreign country)

14. Maiden name Becky
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Dietzel

(b) Address California, Mo.

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Boulton-Timmon

(b) Address California, Mo.

19. (a) 11-20-1943 (b) John Marshall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau
(c) City or town James town 014
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1943 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 1 1943 to Nov 20 1943
that I last saw her alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Epilepsy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy

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 J. Thomas (M. D. or other)
Address California, Mo Date signed Nov

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.....

Earl R. Boulton

Licensed Embalmer No. *2126*

P. O. Address *California*

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.