MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED JUL 10 1939

21254
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2522

(c) City Kansas City, Mo. (d) Street No. 516 N. Lawndale St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Fredrick Young

(a) Residence, No. 516 N. Lawndale St. 520
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lenora M. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1858

7. AGE: Years 81 | Months 4 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

FATHER
13. NAME: Phillip H. Young 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 7

MOTHER
15. MAIDEN NAME: Margaret Steecy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT: Thos. A. Young
(ADDRESS) 516 N. Lawndale, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem. DATE June 21-39, 19

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED 6/21, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 19 39

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 35, to June 19, 19 39

I last saw him alive on June 19, 1939. Death is said to have occurred on the date stated above, at 6:50 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia 51	June 18
Other contributory causes of importance:	
Hypertrophied Prostate	1935
Prostatic Cancer	1938

Name of operation ..... Date of .....
What test confirmed diagnosis? Diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
(Address) 1107 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-1-38 I X14628

Dr Dean Rising

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, H D Blackman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed H D Blackman

Licensed Embalmer No. 3639

P. O. Address K C 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, above space should be left blank.