

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.

FEB 26 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**K. C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)  
 In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **108 S. Askew**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **WARREN KENT YOUNG, SR. 520**

3. (b) If veteran, name war.  3. (c) Social Security No. **486-07-3258**  
**NO 44-0359320**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Abbie J. Young** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **July 31, 1879**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **8** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Greenwich Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pressman**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Young**  
 13. Birthplace **New Haven Ohio**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Wanda Woodwell**  
 15. Birthplace **New Haven Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Abbie J. Young**

(b) Address **108 S. Askew**

17. (a) **Burial** (b) Date thereof **7-10-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **C. J. Blackburn & Son**

(b) Address **2825 Indep KC Mo.**

19. (a) **Jan. 9, 1940** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8th**  
 year **1940** hour **5** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **1-3-40**, 19\_\_\_\_, to **1-8-40**, 19\_\_\_\_;

that I last saw him alive on **1-8-40**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Pseudo-mucinous adenocarcinoma (origin in cecum) with multiple metastases.**

Due to **46**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **See above**

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **A. De Maria M.D.** (M. D. or other)  
 Address **Supt. K. C. Gen. Hospital, K. C. Mo.** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*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.**