

FILED MAY 15 1940

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

13905

Do not use this space.

1017

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. St. Luke's Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Roy Young Roy Young
(a) Residence, No. 3 Miles Northwest of St. Roanoke, Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tonie Young 61 Yrs. old.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Forest Geen,
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Lon Young
14. BIRTHPLACE (CITY OR TOWN) Chariton Co.,
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ida E. Draper
16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Marie Mathews (Daughter)
(ADDRESS) 1826 Spruce

18. BURIAL, CREMATION, OR REMOVAL
PLACE Asbury, Mo. DATE 4-17-40 '19

19. FUNERAL DIRECTOR (NAME) A. H. Oldaker
(ADDRESS) Armstrong, Mo.

20. FILED April 15, 1940
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 19 40

22. I HEREBY CERTIFY, That I attended deceased from A-4 to 4-15 1940
I last saw him alive on A-15 1940 Death is said to have occurred on the date stated above, at 10:30 p. m.
The principal cause of death and related causes of importance were as follows:
Renal tuberculosis not known
Uremia. 30
Date of onset

Other contributory causes of importance:

Name of operation Nephrectomy Date of April 11
What test confirmed diagnosis? Path Was there an autopsy? yes

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) H. F. Oldaker! M. D.
(Address) 1530 Pine Bluff.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.