

V. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21013
2630

State File No. _____
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3309 East 60th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
In this community 25 years
(Specify whether years, months or days)

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. 3309 East 60th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Mrs. Frances Young 520
8. (b) If veteran, X name war _____
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28th
year 1940 hour 10 minute 40 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar Young
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec. 28, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1940
19____ to June 28, 1940, 19____;
that I last saw her alive on Jan. 28, 1940, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
49 6 0 hr. _____ min.

Immediate cause of death Carcinoma of left breast (recurrent)
Duration Oct. 1937

9. Birthplace X Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to (Breast removed Oct. 1937)
Due to 50

11. Industry or business _____
12. Name Baker
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Milla Fletcher
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

16. (a) Informant Edgar Young
(b) Address 3309 East 60th Street
removal
17. (a) (Burial, cremation, or removal) (b) Date thereof 6/29/40
(Month) (Day) (Year)
(c) Place: burial or cremation Council Grove, Kan.

Major findings: Of operations _____
Of autopsy _____

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) June 29, 1940 (b) M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. M. Young (Specify type of place) _____
Address 1401 N. 1st (e) Means of injury !
Date signed 6/28/40 (M. D. or other)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

D. G. W. Young
1401 S. W. 2nd

A most unusual diagnosis on a Baby that Dr. Buhler says true never the less. Do you suggest any other tabulation?
Paste on back

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 *Josiah H. Kelley*

Licensed Embalmer No. *31738*

P. O. Address *100 N. 4th*

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.