

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: Wesley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)  
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4022 Woodland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHARLENE SUE YOUNG

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 17, 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

MOTHER - FATHER { 12. Name Fred Young  
13. Birthplace Belton, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Gladys Ware  
15. Birthplace Butler, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Young  
(b) Address 4022 Woodland

17. (a) BURIAL (b) Date thereof 11/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Quirk & Tobin Co.  
(b) Address H. C. Hwy

19. (a) 11-29-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 28  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 27, 1940  
18, 1940 to Nov 27, 1940  
that I last saw h. alive on Nov 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 159

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

Major findings: Of operations NO  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence NO  
(c) Where did injury occur? NO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO (Specify type of place) (e) Means of injury NO

23. Signature J. F. Muckey  
Address Professional Bldg  
(City or town) (State)

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

**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.....

*Harold Perry*

Licensed Embalmer No..... *4899*

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.**