

FILED SEP 12 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3208

1. PLACE OF DEATH Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1316 West 21st,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Home
 In this community 60 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson 3
Kansas 8
 (c) City or town Kansas
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1316 West 21st,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years 0 years.

3. (a) PRINT FULL NAME Joseph Young
 (b) If veteran, name war No
 (c) Social Security No. 490-16-7325

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 22 year 1941 hour 7:30 minute PM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Anna (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Feb 17 1854
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic Myocarditis
Ascending Pyelonephritis
Hypertrophy of Prostate
 Other conditions (Include pregnancy within 3 months of death) 938

8. AGE: -Years	Months	Days	If less than one day
<u>87</u>	<u>6</u>	<u>5</u>	hr. min.

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

9. Birthplace Alsace Lorraine
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Employee
Richards & Conover

11. Industry or business Don't know
 12. Name Alsace Lorraine
 13. Birthplace Don't know (State or foreign country)
 14. Maiden name Alsace Lorraine
 15. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Young
 (b) Address 1316 West 21st K.C. Mo
 17. (a) Burial (b) Date thereof 8-25-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Calvary

Major findings: _____
 Of operations _____
 Of autopsy _____

18. (a) Signature of funeral director Harry Butler
 (b) Address 753 Central Ave., K.C. K.
 19. (a) 8/24/41 (b) M. 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? _____
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) 3
 Address [Signature] Date signed _____

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

048

110

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.....

Ray E. Shaw

Licensed Embalmer No. *2560*

P. O. Address.....

K. E. M.

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, fact should be so stated above.