

DEC 22 1941 99

4289

Registration District No. _____

Primary Registration District No. 1002

Registrar's 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:
3012 Bellefontaine Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

In this community 50 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. 3012 Bellefontaine Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mr. William Marye Young

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
year 1941 hour 9 minute 40 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Nannie Elizabeth Young

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased December 24 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 14 to Nov. 16, 1941, to _____, 1941;
that I last saw him alive on Nov. 16, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>23</u>	<u>br.</u> <u>min.</u>

Immediate cause of death

Cardiac failure
Uremia

Due to Arterio Sclerosis

Due to Senility 13 7/8

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

10. Usual occupation Builder & Contractor

Other conditions Prostatic Hypertrophy and urethral stricture & urinary retention

Major findings Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Catlett Young

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elzah Ann Binehart

15. Birthplace Champaigne County Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Myrtle M. Young

(b) Address 3012 Bellefontaine

17. (a) Burial (b) Date thereof Nov. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomers Sons

(b) Address 1401 Brushy Creek Blvd.

19. (a) 11-18-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Stoughton F. White (M. D. or other) MD

Address 1019 Professional Bldg Date signed 4/2/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

Young

Professional Body

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
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.