

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5912**

**FEB 23 1943**  
Registration District No. **25 42**

Primary Registration District No. **1002 1000**

Registrar's No. **148**

**1. PLACE OF DEATH:**  
 (a) County **BUCHANAN**  
 (b) City or town **ST. JOSEPH**  
 (c) Name of hospital or institution: **State Hospital #2**  
 (d) Length of stay: In hospital or institution **2 days**  
 In this community **30 years.**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Margaret Frances Young**  
 (b) If veteran, name war **None**  
 (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **2**  
 year **1943** hour **12** minute **20** A. M.  
**21. I hereby certify that I attended the deceased from** **Jan 30**  
**1943** to **Feb 2** **1943**  
 that I last saw her alive on **Feb 1** **1943**  
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Curtis W. Young** 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **April 15 1883**  
 (Month) (Day) (Year)

Immediate cause of death **Cardio nephritis (chronic) Carcinoma of bladder**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>59</b>	<b>9</b>	<b>17</b>	_____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) **52 lb**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Brooklyn / New York**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Edward J. McCaffrey**  
 13. Birthplace **Unknown / Ireland**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret F. Fahy**  
 15. Birthplace **Unknown / Ireland**  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Curtis W. Young**  
 (b) Address **2917 Seneca Str., St. Joseph, Mo.**  
 17. (a) **Burial** (b) Date thereof **Feb. 5, 1943.**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**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? \_\_\_\_\_

(c) Place: burial or cremation **Mt. Olivet Cemetery**  
 18. (a) Signature of funeral director **Herman W. Buderfaden**  
 (b) Address **1802 Union Str., St. Joseph, Mo.**  
 19. (a) **2-3-43** (b) **Rose Deryog**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature **E. H. Magee** (M. D. or other **M.D.**)  
 Address **State Hosp # 2** Date signed **2/24/43**

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

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**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..... *Robert R. Harrington* .....

Licensed Embalmer No..... *3258* .....

P. O. Address..... *St. Joseph, 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, fact should be so stated above.**