

S. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2860

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:  
427 West 60th Street Terrace /  
(If not in hospital or institution, write street number or location)

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

In this community 37 Years

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. 427 West 60th Street Terrace  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Rebecca Maud 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 Married

6. (b) Name of husband of Mr. Charles E. Young

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 25 1887  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 28/42  
to June 24 1943  
that I last saw her alive on June 23 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>2</u>	<u>30<sup>29</sup></u>	hr. _____ min.

Immediate cause of death Chronic Nephritis

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

Due to 131K

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

Major findings:  
Of operations none

Of autopsy none

9. Birthplace Lexington Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Thomas Tuggle

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

14. Maiden name Eliza Boyle Atchison

15. Birthplace Lexington Kentucky /  
(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 Elizabeth Rogers

(b) Address 427 W. 60th Street

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 26, 1943  
(Month) (Day) (Year)

(c) Place: burial of cremation Forest Hill

18. (a) Signature of funeral director D. W. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-27-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

23. Signature P. E. Brown M.D. (M. D. or other)

Address 1303 Walden Rd. Date signed 6/25/43

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

MOTHER FATHER

031121  
10:30-5:30  
Waldheim Bldg

**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 Eric W. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address Kemo

**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.**