

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31052

State File No. _____

FILED OCT 13 1943

149

Registrar's No. 4182

Registration District No. _____ Primary Registration District No. 1002

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:
4045 Kenwood Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4045 Kenwood Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Clyde Young

3. (b) If veteran, World War 1 name war _____

3. (c) Social Security No. 491-01-9497

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Mr. Harriet Young

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased September 3 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Scotch Hill Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Crer

11. Industry or business Electrical Supplies

MOTHER FATHER {

12. Name John Young

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

14. Maiden name Unknown

15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriett Young

(b) Address 4045 Kenwood Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 10-1-43 (Date received local registrar)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 12 1943 to Sept 29 1943
that I last saw him alive on Sept 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to 940

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature George C. Lee (M. D. or other)

Address 1630 Prof Bldg Date signed 9/29/43

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

OCT 27 1948
1638
100

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 *H. C. Newcomer, Jr.*

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcomer, Jr.*

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.