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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED FEB 6 1945

149

Primary Registration District No. 1002

Registrar's No. 323

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 N. 60th St. Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 45 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 427 N 60th Terrace  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES EVERETT YOUNG  
(b) If veteran, NO name war  
(c) Social Security No. [unclear]

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JANUARY day 19th year 1945 hour 4 minute 00 A.M.  
21. I hereby certify that I attended the deceased from NOV 7 1944 to JAN 19 1945  
that I last saw him alive on Jan 19 1945 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife MAUDE YOUNG 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEB 3 1861 (Month) (Day) (Year)

Immediate cause of death. Carcinoma Prostate with Poor Metastases.  
Duration \_\_\_\_\_

8. AGE: Years 83 Months 11 Days 16 If less than one day - hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 515

9. Birthplace [unclear] Kentucky (City, town, or county) - (State or foreign country)

Other conditions. Uremia (Include pregnancy within 3 months of death)

10. Usual occupation RETIRED SANTA FE

Major findings: Of operations Abnormal Carcinoma Prostate

11. Industry or business CONDUCTOR - PASSENGER

Of autopsy None  
Underline the cause to which death should be charged statistically.

12. Name Richard Everett Young

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

14. Maiden name Elizabeth Young

15. Birthplace [unclear] Indiana (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Duval J. Stewart

(b) Address 426 N. 50th Terrace

17. (a) Burial (b) Date thereof Jan 20 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill Cemetery

18. (a) Signature of funeral director [unclear]

(b) Address 1401 British Creek Blvd.

19. (a) 1-20-45 (b) N. E. 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? While at work? (Specify type of place) (c) Means of injury

23. Signature Weldon A. Muir (M.D. or other) Address Kansas City Date signed 1/19/45

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

MOTHER FATHER

*Shirley B. Galy.*

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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.....

*H. C. Newcomer Jr.*

Licensed Embalmer No..... *4043*

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