No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8844

Registration District No. 72 Primary Registration District No. 42893013 Registrar's No. 26

1. PLACE OF DEATH:
(a) County: CLAY
(b) City or town: NORTH KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4075 FRANKLIN AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CLAY 24
(c) City or town: NO KANSAS CITY 2
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4075 FRANKLIN 1
(If rural, give location) 5
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME: BENNETT H. YOUNG
3. (b) If veteran, name war: 1812
3. (c) Social Security No. 487-01-1291
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS JESSIE YOUNG
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: DEC. (Month) 11 (Day) 1886 (Year)
8. AGE: Years 59 Months 3 Days 3 If less than one day hr. min.
9. Birthplace: HARRODSBURG (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation: SALESMAN
11. Industry or business: K.C. TRUNK COMPANY KC MO
FATHER 12. Name: HARVEY T. YOUNG
FATHER 13. Birthplace: HARRODSBURG (City, town, or county) KENTUCKY (State or foreign country)
MOTHER 14. Maiden name: JANEY DINNEY
MOTHER 15. Birthplace: HARRODSBURG (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant: Ann Y. Clark
(b) Address: 4070 Franklin NO K.C. MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 16 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEMETERY
18. (a) Signature of funeral director: J. H. Newcomers Sons
(b) Address: KANSAS CITY MISSOURI
19. (a) Mar 14 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14TH year 1946 hour 12 minute 40 A M.
21. I hereby certify that I attended the deceased from 3-9 1946 to 3-14 1946 that I last saw him alive on 3-14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Complete Cardiac and Respiratory failure — Duration
Due to: Coronary occlusion with angina pectoris
Due to: Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: 94a

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: C B Curry (M. D. or other) DO
Address: Avondale MO Date signed: 3-15-46

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-27-46

Alexandria, Mo.
10-1

APR 1 1946

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 Earl Rapp

Licensed Embalmer No. 23458

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, fact should be so stated above.