S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13442

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1664

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: N /2917 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 Euclid Avenue 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Annie M. 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 widowed

6. (b) Name of husband or wife Samuel Young

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

7. Birth date of deceased March (Month) 9 (Day) 1870 (Year)

8. AGE: Years 76 | Months 0 | Days 26 | If less than one day hr. min.

9. Birthplace Park Co (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Bookbinder

11. Industry or business Ackerman and Quigley

FATHER
12. Name Fred Hannsel
13. Birthplace Park Co (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Matilda Miller
15. Birthplace Park Co (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Charles Hannsel
(b) Address Terre Haute Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

19. (a) 4-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1946 hour 5 45 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
arterio sclerosis	
Due to arterio sclerotic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a

Of autopsy no
History + Inspection

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 2

23. Signature James C. Walker (M. D. or other)
Address 1424 [illegible] Date signed 4-6-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.