

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5145

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 597

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:
3342 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years
(Specify whether, years, months or days)
In this community 27 years

3. (a) PRINT FULL NAME PHILIP YOUNG

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie Young
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March 25 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 11
If less than one day hr. _____ min. _____

9. Birthplace Udenheim, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Furniture & Undertaking

12. Name Jacob Young

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

14. Maiden name Unknown

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

16. (a) Informant Miss Winifred Young

(b) Address 3342 Prospect K. C. Mo

17. (a) Removal (b) Date thereof Feb 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View, Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 2-8-47 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3342 Prospect
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1947 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 6 1945 to Feb 6 1947
that I last saw him alive on Feb 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death encephalomalacia
central sclerosis
arteriosclerosis

Due to central sclerosis
arteriosclerosis

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

Major findings:
Of operations 87 D

Of autopsy _____

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? no

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

23. Signature Geo. C. Taylor (M. D. or other)
Address 3447 North St. K. C. Mo Date signed 2-7-47

Er. Kealhofer
3447 Prospect
Li 2652

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.....

Chas E. Wilks

Licensed Embalmer No. *2644*

P. O. Address *Kansas City 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.