

No. 2  
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5-17-39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23479

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 883

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Rural Washington Township  
(c) Name of hospital or institution: R.F.D. #5 St. Joseph, Mo.  
(d) Length of stay: In hospital or institution. Not  
In this community. Lifetime

3. (a) PRINT FULL NAME Robert Irwin Young  
3. (b) If veteran, name war. None  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah Isabell Young  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 3 1854

8. AGE: Years 93 Months 1 Days 20  
If less than one day hr. min.

9. Birthplace Buchanan County Missouri

10. Usual occupation Farmer (Retired)

11. Industry or business Farming

12. Name Thomas Young

13. Birthplace Unknown Ireland

14. Maiden name Unknown

15. Birthplace Unknown Unknown

16. (a) Informant John M. Young

(b) Address R.F.D. #5 St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 26, 1947

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. L. Jenkins

(b) Address 1946 Colhoun St. St. Joseph, Mo.

19. (a) 7-26-47 (b) W. L. Jenkins

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural  
(d) Street No. R. R. #5 St. Joseph, Mo.  
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23 year 1947  
21. I hereby certify that I attended the deceased from July 23 1947  
that I last saw him alive on July 23 1947

Immediate cause of death Chronic Myocarditis

Other conditions Arteriosclerosis

Due to  
Due to

Major findings: Of operations  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? B. W. Tadlock  
23. Signature B. W. Tadlock  
Address KING HILL BLDG

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Coroner 3  
Date signed 7/23/47

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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.....

*Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**