

FILED APR 12 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alate Hospital no 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs 10 mo 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3012 Bellfountain
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mace M. Young

3. (b) If veteran, name war -- 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 1 hr. min.

9. Birthplace Holden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Government Employee

11. Industry or business

12. Name William M. Young

13. Birthplace Bates Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hannie E. Standford

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

16. (a) Informant Clara B. Young

(b) Address 1 Jan City Mo 3012 Bellfountain

17. (a) Removal (b) Date thereof 4-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director D W Newcomb's Sons

(b) Address Kansas City, Mo

19. (a) 4-2-48 (b) Cal B Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1948, hour 9:00 minute 30 A M.

21. I hereby certify that I attended the deceased from March 1, 1948, to April 1, 1948, that I last saw him alive on April 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Terminal

Due to Cirrhosis of Liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 100

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?

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

23. Signature Forrest Thomas (M. D. or other)

Address St Joseph Mo Date signed 4/1-48

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

Johnen report.

11
1
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

Duration

1110

90 Blue Steps 702

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..... *Robert Ray*
Licensed Embalmer No. *4152*
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.