

FILED MAY 7 1948
Registration District No. 949

Primary Registration District No. 1002

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:
4720 DENVER AVENUE!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 10 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON #6

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

(d) Street No. 4720 DENVER AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME SCHYLER JENNINGS YOUNG

3. (b) If veteran name war WORLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. JULIA YOUNG

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased MAY 3 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	15	hr. min.

9. Birthplace CLINTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business PAINTING & PAPERING

12. Name THOMAS M. YOUNG

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

14. Maiden name SALLIE E. MORGAN

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

16. (a) Informant ADAM YOUNG

(b) Address 10613 E. 15 ST., INDEP., MO.

17. (a) BURIAL (b) Date thereof APR 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director H. H. Newcomer

(b) Address 1401 Bush Creek Blvd.

19. (a) 4-21-48 (b) Thelma Holmes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18TH
year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 22, 1948, to April 18, 1948, that I last saw him alive on 4-17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Decompensation (Failure)

Due to Chronic Rheumatic Myocarditis 10 yrs

Other conditions: Coronary insufficiency

Major findings: Of operations 935

Of autopsy _____

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? _____

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

23. Signature Harold W. Bann (M. D. or other) Dr.
Address Kansas City, Kansas Date signed 4-19-48

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

4150
2:15
Pamphlet

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 Jess T. News
Licensed Embalmer No. 4453
P. O. Address St. Louis City

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.