

FILED JUN 26 1948

Registration District No. **389**

Primary Registration District No. **4098**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **Cass**
 (b) City or town **Belton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no**
 In this community **2 years 6 months** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Earnest A. Young**

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

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Aura Young**
 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Sept. 14, 1870**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **4**
 If less than one day hr. min.

9. Birthplace **McLain, Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Ret. Roofer**

11. Industry or business

12. Name **John W. Young**

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

14. Maiden name **Mary (unknown)**

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

16. (a) Informant **Mrs. E. A. Young**

(b) Address **Belton, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **June 19, '48**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Litchfield, Ill.**

18. (a) Signature of funeral director **E. K. George and Sons**

(b) Address **Belton, Missouri**

19. **June 22, 48** (Date received local registrar) (b) **Laura J. Jones** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**
 (c) City or town **Belton**
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
 year **1948** hour **1** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 7**, 19**47**, to **June 18**, 19**48**;
 that I last saw him alive on **June 17**, 19**48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Carcinomatous metastases** Duration **4 days**

Due to **CARCINOMA OF RECTUM** 2 Yrs.

Other conditions
 (Include pregnancy within 3 months of death)

Major findings: **Carcinoma of rectum; colostomy**
 Of operations **done in Nov. 1947**
 Of autopsy **None made**

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 **Herbert A. Tracy** (M. D. or other) **M.D.**

Address **BELTON, Mo.** Date signed **6/18/48**

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

MOTHER FATHER

JUL 5 1948

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandman Md

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.