

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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

**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:  
**GENERAL HOSPITAL NO. 2** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 DAYS**  
(Specify whether in this community years, months or days) **41 YRS.**

**3. (a) PRINT FULL NAME** **VIRGIL YOUNG**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **494-12-9442**

4. Sex **MALE** **2**

5. Color or race **NEGRO**

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

6. (b) Name of husband or wife **EDITH YOUNG**

6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **MARCH 19, 1907**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>41</b>	<b>3</b>	<b>28</b>	hr. min.

9. Birthplace **TOPEKA KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business

**MOTHER FATHER**

12. Name **WILLIAM YOUNG**

13. Birthplace **UNKNOWN** **7**  
(City, town, or county) (State or foreign country)

14. Maiden name **JENNIE SMITH**

15. Birthplace **UNKNOWN** **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant **EDITH YOUNG (WIFE)**

(b) Address **2446 VINE**

17. (a) **Burial** (b) Date thereof **7/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director *Richard E. ...*

(b) Address **1729 Lydia Avenue**

19. (a) **7-21-48** (b) *Theodore Holmes*  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **JACKSON** **48**

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

(d) Street No. **2446 VINE STREET** **8**  
(If rural, give location) **0**

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **JULY** day **17**, year **1948** hour **8:** minute **00** P. M.

21. I hereby certify that I attended the deceased from **JULY 1, 1948** to **JULY 17, 1948**

that I last saw him **IM** alive on **JULY 17, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSIVE CARDIO-VASCULAR DISEASE**

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death) **932**

Major findings: Of operations

Of autopsy **SAME AS ABOVE**

**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) Means of injury

23. Signature *Frank ...* (M. D. or other) **M. D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **7/19/48**

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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

*L. Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**