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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH.

State File No. 36977
Registrar's No. 4530

FILED DEC 4 1948
Registration District No. 149

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3308 College Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Hannah G. YOUNGER
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 5
year 1948 hour 4 minute 10 P.M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thos. A. Younger
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 28, 1948 to Nov. 5, 1948, that I last saw her alive on Nov 5, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 4 27 hr. min.

Immediate cause of death Ruptured Gall Bladder
Due to _____

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At home

Due to internal fistula with stones obstructing duct
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 11. Industry or business _____
12. Name John Maloney
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hearley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations 12-12
Of autopsy Ruptured Gall Bladder
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Margaret Younger
(b) Address 3308 College Ave., K. C., Mo.
17. (a) Burial (b) Date thereof 11-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mallody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 11-6-48 (b) Heraldine Holme
(Date received local registrar) (Registrar's signature)

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?
Harold A. Pallett (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Harold A. Pallett M.D. or other _____
Address 1222 P. St. Kansas City, Mo. Date signed 11-4-48

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

Mr Harold A Talbot
Prof. Bldg.
V1 1486

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 Glenn E. Heck

Licensed Embalmer No. 4063

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.