

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
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**U.S. DEPARTMENT OF JUSTICE**

**59-036498**

**FILED VS OCT 16 1959** 149

Registration District No. 1002 Registrar's No. 4753

STATE FILE NUMBER

RECEIVED

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>  |  |
| Length of stay in 1b <b>50 Yrs</b>  |   | Inside Limits <b>Yes</b> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Long Nursing Home</b>  |   | d. STREET ADDRESS (If outside, give location) <b>5105 Thompson</b>  |  |
| Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>MARY EDITH YOUNG</b>  |   |   | 4. DATE OF DEATH Month Day Year<br><b>September 28 1959</b>  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/28/1894</b>   |
| 9. AGE (last birthday) <b>65</b>  |   | IF UNDER 1 YEAR Months Days   | IF UNDER 24 HR Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Burd &amp; Fletcher Print. Wathena Kansas</b>   | 11. BIRTHPLACE (City and state or country)<br><b>USA</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>William Kerns</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Louella Standiford</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Proky Young</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>510-22-6396</b>   |  |
| 17. INFORMANT<br><b>Mrs Albert Tippin Lenexa Kansas</b>   |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a)<br><b>(1) Cerebral Hemorrhage</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (a)<br><b>(2) atherosclerosis</b><br>DUE TO (b)<br><b>(3) Carcinomatosis</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b><br><b>2 years</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE   |
| 21. I attended the deceased from <b>7-1-59</b> to <b>9-28-59</b> and last saw her alive on <b>9-28-59</b><br>Death occurred at <b>6:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>Frank Paul Lawrence M.D.</b> (Degree or title)   |   | 22b. ADDRESS<br><b>428 S. White Ave</b>   | 22c. DATE SIGNED<br><b>9-28-59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>10/1/59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hill Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri Kans.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Sheil Funeral Home Kansas City MO</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-1-59</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neil Marshall</b>  |

DOCUMENT

BY AFFIDAVIT OF  
 Frank Paul Lawrence  
 M.D.  
 Licensed Embalmer's Statement on Reverse Side

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.