

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUL 23 1929

20721

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 2114 South 11 Street)

File No.

Registered No. 714

St. Ward

2. FULL NAME George Younker(a) Residence. No. 2114 South 11 Street St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Margaret Younker (OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 21, 1862

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>4</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana10. NAME OF FATHER John Younker11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany12. MAIDEN NAME OF MOTHER Jane Van Dusen13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Holland14. INFORMANT Mrs. Margaret Younker(Address) 2114 South 11 Street15. FILED 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 19 2917. I HEREBY CERTIFY, That I attended deceased from 3/9, 1929, to June 6, 1929 that I last saw him alive on June 1, 1929, and that death occurred, on the date stated above, at 1:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Pouches
HLF
(duration) yrs. mos. ds.CONTRIBUTORY (SECONDARY) HLF
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/23/29WAS THERE AN AUTOPSY? No - RefusedWHAT TEST CONFIRMED DIAGNOSIS? operative & clinical(Signed) Lloyd H. Spencer, M. D.June 6, 19 29 (Address) Pr 3 Bldg. St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Olivet CemeteryJune 8 19 29

20. UNDERTAKER

ADDRESS

H. O. Sidenfaden 1802 Union St.

