WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 32971
Township KAW — Primary Registration District No. 100 — Registered No. 3901
City KANSAS CITY (No. 4330, VIRGINIA St. Ward)

2. FULL NAME GEORGE YOUNGCLAUSE
(a) Residence, No. 4330 - VIRGINIA St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. EVA YOUNGCLAUSE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 20 - 1873

7. AGE — YEARS: 60 — MONTHS: 5 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. POST OFFICE CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MAIN OFFICE - K.C.Mo
10. Date deceased last worked at this occupation (month and year) SEPTEMBER 1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME GEORGE YOUNGCLAUSE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. EVA YOUNGCLAUSE (ADDRESS) 4330 - VIRGINIA

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE OCTOBER-5 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.

20. FILED 10/3 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER - 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933 to Oct 3, 1933
I last saw him alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	7-3-33
92A 93D 92A	
Other contributory causes of importance:	
Aortic incompetency	1-4-31

Name of operation none Date of
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Allen L. Hearst, M. D.
(Address) 1100 Prof. Bldg

Dr. Allen A.
1100 Professional Bldg
12:30- 4:30