

REC'D APR 23 1938

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

9865  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Rau Primary Registration District No. 1002 Registered No. 1370  
 (c) City Kansas city (d) Street No. 3225 Harrison St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Laura Matilda Young 520  
 (a)\* Residence, No. 3225 Harrison St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 1

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldine Mo

FATHER  
 13. NAME Zebenniah Z. Reynolds  
 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. Stella Mae Stafford  
 (ADDRESS) 3225 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Mar. 27 1938

19. FUNERAL DIRECTOR D. W. Newsome's Son  
 (ADDRESS) Buck Creek & Pass

20. FILED Mar. 26 1938 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19 1938 to March 25 1938  
 I last saw her alive on March 24 1938. Death is said to have occurred on the date stated above, at 3:20 A.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage with  
hemiplegia right side  
82. W

Date of onset

Other contributory causes of importance:  
1 day pertussis

Name of operation None Date of       
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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? no  
 If so, specify Hand Carbaugh's M. D.  
 (Signed) Hand Carbaugh  
 (Address) 714 Bryant & Hwy K O Mo

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.

*Buyer Bell*  
*VI-8538*

*10-12-20 1-5 PM*

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

**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.)**