

REC'D AUG 8 1938

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

24500
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson | Registration District No. 399
 (b) Township Kear | Primary Registration District No. 100
 (c) City Kansas City | (d) Street No. Children Mercy Hosp. Registered No. 3005
 (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 Howard Ernest Young 520
 (a) Residence, No. 56 Tayntown Road 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-29

7. AGE YEARS 9 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Chilhowee, Mo.

FATHER
 13. NAME William C.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zora, Mo.

MOTHER
 15. MAIDEN NAME Beulah
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulphur Springs, Mo.

17. INFORMANT (ADDRESS) William C. Young

18. BURIAL, CREMATION OR REMOVAL PLACE Chilhowee, Mo. DATE 7/27/38

19. FUNERAL DIRECTOR (ADDRESS) W. C. Cook Chilhowee, Mo.

20. FILED July 26, 1938 M. M. Grome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1938, to 7-26, 1938
 I last saw him alive on 7-25, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart disease, nutritional
 Date of onset 6/1

Other contributory causes of importance:
Pericardi

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 Ernest P. Glasscock, M. D.
 (Signed) Ernest P. Glasscock, M. D.
 (Address) 1306 Prof. Bldg.

MARON RESERVED FOR BINNING

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.

V. S. NO. 2.
50M-750-37

I 1 X12604

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.....

Licensed Embalmer No.

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.)