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.

REC'D APR 17 1939

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

9599
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 399
(b) Township Kau Primary Registration District No. 1002 Registered No. 1205
(c) City Kans City 1 (d) Street No. Kansas City Hall Building 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 520 William R Young
(a) Residence, No. 2118 Madison St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1868
7. AGE YEARS 70 MONTHS 6 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical
9. Industry or business in which work was done, as saw mill, bank, etc. Worker
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) Indiana

FATHER
13. NAME A. N. Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

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

17. INFORMANT (ADDRESS) Louis Young 1904 Monroe
18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Mar 20 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll & Davidson 3024 Troost
20. FILED Mch 19, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12:25 P.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Coronary sclerosis
Old coronary occlusion
Chronic myocardial infarction
Acute pulmonary edema

Date of onset 9-4-6

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Victor W. Fuhler, M. D.
(Address) Gen Hosp; K. C. Mo.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.