

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

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

35193
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 100
 (c) City Kansas City, Mo. (d) Street No. 622 Benton Boulevard 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.

Registered No. **4168**

2. PRINT FULL NAME 536 Emanuel H. Youngwrith,

(a) Residence, No. 2120 East 73rd St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Youngwrith,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 31, 1856</u>		
7. AGE YEARS <u>83-8-27</u>	MONTHS <u>8</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Groceryman</u>	
	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) <u>Illinois</u> , (STATE OR COUNTRY)		
FATHER	13. NAME <u>I. Youngwrith,</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Austria</u> , (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Anke Mutz,</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> , (STATE OR COUNTRY)	
17. INFORMANT <u>Miss Maude M. Youngwrith,</u> (ADDRESS) <u>2120 East 73rd St., K. C., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Mary's Cem</u> DATE <u>10-30-1939</u> 19		
19. FUNERAL DIRECTOR (NAME) <u>Stine & McClure,</u> (ADDRESS) <u>3235 Gillham Plaza, K. C., Mo.</u>		
20. FILED <u>10/30</u> 19 <u>39</u> M. M. <u>Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to 10-28, 1939
 I last saw him alive on 1-3, 1939. Death is said to have occurred on the date stated above, at 7:00 pm
 The principal cause of death and related causes of importance were as follows:
Senile Demetia
 Date of onset 1938

Other contributory causes of importance:
Arterio Sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? none 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? no
 If so, specify _____
 (Signed) F. J. Wilson M. D.
 (Address) Plaza Med Bldg
K. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. F. I. Wilson.

OK for Maud Bly

L01533

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. *1415*

P. O. Address.....

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.)

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