

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1051

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (c) Name of hospital or institution: 1015 Summit St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 23 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
1015 Summit
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Noah Walter Young 520
 (b) If veteran, name war _____
 (c) Social Security No. 487-01-8228

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 4th
 year 1940 hour 3 minutes 00 A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Pearl Young
 (c) Age of husband or wife if 49 years
 7. Birth date of deceased Dec. 6, 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 29, 1940 to March 4th 1940
 and that death occurred on the date and hour stated above.
 that I last saw him alive on March 3, 1940
 Immediste cause of death Coronary occlusion Duration 5 days

8. AGE: Years 59 Months 2 Days 28
 If less than one day hr. _____ min. _____

Due to Arteriosclerosis
 Due to _____

9. Birthplace Land Indiana
 (City, town, or county) (State or foreign country)
night watchman

Other conditions _____
 (include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business American Can Co.
 MOTHER FATHER
 { 12. Name James Young
 13. Birthplace Indiana
 (State or foreign country)
 14. Maiden name Amanda Rively
 (State or foreign country)
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy no
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Pearl Young
 (b) Address 1015 Summit St. K.C., Mo.
 17. (a) Burial (b) Date thereof March 6, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
Green Lawn Cemetery
 (c) Place: burial or cremation
 18. (a) Signature of funeral director J. F. O'Donnell Co.
3256 Broadway, K. C. Mo.
 (b) Address
 19. (a) Mch 6, 1940 (b) M. M. Grome
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury !
 23. Signature R. C. Prager MD (M. D. or other) _____
 Address 404 1/2 W 75th Date signed 3.5.40

Ragan
40-1/2 #. 75-12

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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.