

0. 2
10-39
7-39
K21492

FILED AUG 14 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24102**
Registrar's No. **2712**

Registration District No. **399**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3235 Forest Avenue-4th Floor North
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 10 Months
years, months or days)

3. (a) PRINT FULL NAME Terry Del Young **520**
8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased August 11 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 24 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business -----

MOTHER FATHER
12. Name Glenwood Young
13. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Betty Morris
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Glenwood Young
(b) Address 3235 Forest

17. (a) Burial (b) Date thereof July 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of cremation Forest Hill Cemetery

18. (a) Signature of funeral director D.N. Newcomer's son
(b) Address 1401 Brush Creek Blvd.
July 6, 1940

19. (a) (Date received local registrar) (b) M. M. Brown
(Registrar's signature)

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")
(d) Street No. 3235 Forest Avenue-4th Floor N.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4th
year 1940 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from August 11th, 1939, to July 4th, 1940;
that I last saw her alive on July 4th, 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Transition
Due to Pressure
Due to -----
Other conditions Hepatic cyst
(Include pregnancy within 3 months of death)
(Benign)
Major findings: Of operations -----
Of autopsy Hepatic cyst
Duration Two Mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A. E. Van Hook (M. D. or other) 3
Address 615 Chambers St. S.D. Date signed July 4th

1940

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

Ernie M. Calhoun

Licensed Embalmer No. *3506*

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.