

FILED OCT 11 1940

Registrar's No. 3500

Registration District No. 399

Primary Registration District No. 1002

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: Trinity Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital (6 days)
 (Specify whether years, months or days)
 In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Washington Township (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Ralph Edwin Young

3. (b) If veteran, ✓ name war ✓
 3. (c) Social Security No. 494-16-9711

4. Sex Male 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 July 5 1920
 (Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 0
 If less than one day hr. min.

9. Birthplace Grandover Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Addison Young
 13. Birthplace Grandover Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Jessie Lawson

15. Birthplace Sante Fe Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Addison Young

(b) Address R.R. Grandover Mo.

17. (a) Burial (b) Date thereof Sept 8, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bella, Mo.

18. (a) Signature of funeral director B. K. Grooms & Sons

(b) Address Bella, Mo.

19. (a) Sept. 6, 1940 (b) M. M. Grooms
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
 year 1940 hour 7 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Aug. 31
 1940 to Sept. 5 1940
 that I last saw him alive on Sept. 5 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia 2 days??
acute Pyelitis 4 days
 Due to Polio myelitis 8 days
 Due to Polio myelitis

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 16
 Of operations
 Of autopsy acute pyelitis
Early Bronchopneumonia

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 1
 23. Signature J. E. Welker, M.D. (M. D. or other)
 Address Professional Bldg. Kansas Date 9/6/40

Duration
2 days??
4 days
8 days
 PHYSICIAN
16
 Underline the cause to which death should be charged statistically.

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.

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. *3944*

P. O. Address *Belton, 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.