No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24064

FILED AUG 16 1941

Registration District No. 399 Primary Registration District No. 100 Registrar's No. 2603

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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: Conley Clinical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2331 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Judith Fayann Young
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Mar Mar 18 - 41 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	3	15	hr. min.

9. Birthplace Kansas City (City, town or county) 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Jack E. Young
13. Birthplace Kansas City (City, town or county) 0 (State or foreign country)
MOTHER
14. Maiden name Mildred Imogene Bodo
15. Birthplace Kansas City (City, town, or county) 0 (State or foreign country)
16. (a) Informant Jack E. Young
(b) Address 2331 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director W. Tigerman
(b) Address 2738 Prospect
19. (a) July 10, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 2:20 minute A.M.
21. I hereby certify that I attended the deceased from July 1, 1941, to July 3, 1941; that I last saw her alive on July 2 (P.M.), 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Secondary to coryza	
Due to	
Other conditions (Include pregnancy within 3 months of death) 10	
Major findings: Of operations 107	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. Raymond Hall (M. D. or other) DO
Address 2603 Hyde Blvd Date signed 7-3-41

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(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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. K. Pogemiller

Licensed Embalmer No. 2744

P. O. Address K C Mo

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

If this body is not embalmed, fact should be so stated above.