

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Register's District No. 10357

Primary Registration District No. 1002

Registrar's No. 2992

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Genl Hosp. No. 20  
(d) Length of stay: In hospital or institution unk.  
In this community unk.  
years, months or days

3. (a) PRINT FULL NAME

James Young

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M. 2

5. Color race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years Unknown 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months Days If less than one day hr. min.

9. Birthplace Louisville Ky  
(City, town or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name unk. 9  
13. Birthplace " (City, town, or county) (State or foreign country)  
14. Maiden name " (State or foreign country)  
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Velma Price

(b) Address 2208 Paseo 8-6-41

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.  
(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 9/6/41 (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town K.C. 49  
(d) Street No. 1114 E. 16th 3  
(If rural, give location) 8  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 41 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-15 P.M. 19 to 19; that I was alive on and that death occurred on the date and hour stated above. Immediate cause of death. Duration

Hypertensive heart disease

Due to 93d  
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations. Of autopsy Inspection  
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) (Specify nature of injury)  
23. Signature M. M. Brown (M. D. or other) 3  
Address K.C. Mo. Date signed

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**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..... *Edw J Evans*

Licensed Embalmer No. *3836*

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, fact should be so stated above.**