

Registration District No. 377 Primary Registration District No. 4294 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Greenwood Mo.
(c) Name of hospital or institution in town
(d) Length of stay: In hospital or institution
In this community 20 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Greenwood Mo.
(d) Street No.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

John Young

3. (b) If veteran name war no 3. (c) Social Security No. no

4. Sex M Color W 5. Color or race W 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Josephine H. Young 6. (c) Age of husband or wife 69 years

7. Birth date of deceased July 28 - 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Crawfords Co Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name Friedrich Young

13. Birthplace Crawfords Co Ohio (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Davis

15. Birthplace Crawfords Co Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Young

(b) Address Greenwood Mo.

17. (a) Burial (b) Date thereof 9-8-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenridge Mo.

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Mo.

19. (a) (Date received local registrar) (b) Allie Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1941 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 8-31-1941 to 9-6-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Ischaemia
Due to

Duration 7 da
PHYSICIAN Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature of physician J. B. Langford (M. D. or other) J.B.L.
Address Lee's Summit Mo. Date signed 9/7/41

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

MOTHER FATHER

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 *W. Langford*
Licensed Embalmer No. *3833*
P. O. Address *Lees Summit, 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, fact should be so stated above.