

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5727

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 921

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: The George H. Nettleton Home, 5
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 11 months
(Specify whether
In this community 20 years,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Gratia S. Young,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Robert Young, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased November 28 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 87 hr. min.

9. Birthplace Wisconsin, /
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

12. Name Robert Scofield,

13. Birthplace Pennsylvania, /
(City, town, or county) (State or foreign country)

14. Maiden name Almeria Burt,

15. Birthplace New York, /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allie Pierrelee,

(b) Address 1415 East 57th St., K.C., Mo.

17. (a) Cremation (b) Date thereof 3-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 3/5/42 (b) M M Crowl
(Date before local registrar) (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. The George H. Nettleton Home,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from March 4, 1942, to March 5, 1942
that I last saw her alive on March 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Brain Duration 18 hrs.

Due to Arterio Sclerosis

Due to g40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John L. Laph (M. D. or other) M.D.

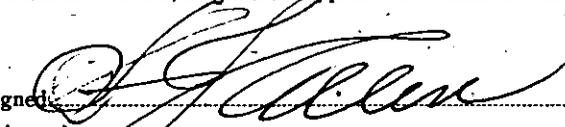
Address 1314 Prosperidad Bldg Date signed Mar 5-42

Dr. Lapp,
P. Lapp, Body

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. 1415

P. O. Address H. P. Mayo

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.