S. No. 2
M—1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 6025

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Ill (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Charles Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. St Charles Hotel (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George A Young

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-4638

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 9 (Day) 1877 (Year)

8. AGE: Years 64 Months 4 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Neb. (State or foreign country)

10. Usual occupation Salesman Liquors

11. Industry or business James D McNeely & Co.

FATHER
12. Name George W Young
13. Birthplace Galesbury (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Anna A Lower
15. Birthplace Galesbury (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs E. A. Wright

(b) Address Springfield Neb.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb (Month) 9 (Day) 1942 (Year)

(c) Place: burial or cremation Omaha Neb.

18. (a) Signature of funeral director Zleeman & Son Inc

(b) Address St Joseph Missouri

19. (a) 2-9-1942 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th year 1942 hour 10 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Feb 7th 1942, 19..., that I last saw him ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 1 day

Due to General Arteriosclerosis — Indef.

Due to 94a

Other conditions (Include pregnancy within 3 months of death) Man died suddenly while

Major findings: Of operations prepairing for bed in his room at the St Charles

Of autopsy no [hotel without panic previous Complaint or illness

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 H F Mundy (M. D. ~~or other~~) Coroner

Address 404 So 3d st Date signed 2/7/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 .....
2-6-42 ....., Registered Apprentice No. .....,
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.