S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29626

State File No.

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3549

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-8-42 - 9-25-42 (Specify whether
In this community 54 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3308 College Ave. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas A. YOUNGER.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hannah Younger

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February (Month) 20 (Day) 1876 (Year)

8. AGE: Years 66 | Months 7 | Days 54 | If less than one day ___ hr. ___ min.

9. Birthplace Covington (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Mail Carrier.

11. Industry or business

FATHER
12. Name John Younger
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Holland
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Hannah YOUNGER.

(b) Address 3308 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary.

18. (a) Signature of funeral director Mellody-McGilley.

(b) Address K. C. Mo.

19. (a) 9/27/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1942 hour 2:30 AM. minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__;
that I last saw him alive on Sept. 24th 2 AM. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myel. Leukemia.

Due to 740

Due to

Other conditions Hypertrophy & dil. of heart & edema of lungs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

Duration

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 Dr. Harold Pallett (M. D. or other) M.D.

Address Prof. Bldg. Date signed

Per. F.C. Young M.D. Intern.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 7999

P. O. Address KC

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.