

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1319 East 19th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Leola Davis Youngman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or Race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ben Youngman** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Unknown** **1896**  
(Month) (Day) (Year)

8. AGE: Years **46** Months Days If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Solomon Davis**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben Youngman**

(b) Address **1319 East 19th Street**

17. (a) **burial** (b) Date thereof **1/26/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Harkins Bros**

(b) Address **1729 Lydia**

19. (a) **1-25-43** (b) **M. D. Crowe**  
(Date received 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. **1319 East 19th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20**  
year **1943** hour **8** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Deputy Coroner**  
that I last saw him **alive** on **19**  
and that death occurred on the date and hour stated above.

Immediate Cause of death **Hypertensive Myocarditis**

Due to **Acute Pulmonary**

Due to **Edema**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **9315**

Of operations

Of autopsy **yes**

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 **L. P. Richardson** (M. D. or other)

Address **1832 Vine** Date signed **1-21-43**

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.....

*J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2583 Highland*

**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.**