V. S. No. 2
50M—5-42
ev. 5-17-39
I X3273

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5621

D FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 671

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: 6029 Wornall Road, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 18 3

(c) City or town Kansas City, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 6029 Wornall Road,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Eliza Gentry Young,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles A. Young

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

7. Birth date of deceased September 27 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	4	9	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Richard H. Gentry
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Wyatt,
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Young,
(b) Address 6029 Wornall Road, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 3, 1942 to Feb 6, 1943
that I last saw her alive on Feb 6, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Stenosis	yrs.
Due to Arteriosclerosis	yrs.
Due to Genl Senility	
Other conditions (Include pregnancy within 3 months of death) 92	

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) no
(b) Date of occurrence ✓
(c) Where did injury occur? None
(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 David G. Robinson MD (M. D. or other)
Address 928 Prof Bldg KC Mo Date signed 2/8 43

(Licensed Embalmer's Statement on Reverse Side)

Dr. David ~~Robertson~~ Robinson

12 34

Pitt Bldg.

928

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.....

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.