V. S. No. 2
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ev. 5-17-39
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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. 9364

FILED MAR 25 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1317

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: Wendel's Tavern - 4814 Prospect Avenue 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: --
In this community: 5 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48 3 96

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

(d) Street No.: Marquette Hotel-703 East 12th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -- 0

3. (a) PRINT FULL NAME: Mr. Frederick Marion Young

3. (b) If veteran, name war: No

3. (c) Social Security No.: 489-22-9416

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Icey Young

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

7. Birth date of deceased: June (Month) 14 (Day) 1900 (Year)

8. AGE: Years 42 Months 9 Days 0 If less than one day: hr. min.

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

10. Usual occupation: Shipping Clerk

11. Industry or business: Crowley-Reuter

FATHER
12. Name: Francis M. Young
13. Birthplace: Lindley (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Elsie Rooks
15. Birthplace: Lindley (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs Lawrence E. Smith
(b) Address: 2309 Holmes Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 3-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Coroner, 19..; that I last saw h. alive on, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia by smoke - Carbon monoxide poisoning

Due to: Tavern caught fire

Due to: 178-C

Other conditions (Include pregnancy within 3 months of death): 14

Major findings:
Of operations:
Of autopsy: See 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): Accident 123

(b) Date of occurrence: 3/14/43

(c) Where did injury occur? K. C. Mo. Jackson C. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4814 Prospect Tavern (Specify type of place)

While at work? No (e) Means of injury: asphyxiated by smoke

23. Signature: [illegible] (M.D. or other)

Address: K. C. Mo. Date signed: 3/15/43

(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 J. D. Sflughoeft

Licensed Embalmer No. 2806

P. O. Address 6900 Troost K.C.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.