

FILED FEB 3 1944

Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 157

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:  
622 BENTON BLD.  
(If not to hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ---  
(Specify whether  
In this community 1 YEAR  
years, months or days)

3. (a) PRINT FULL NAME MR. JOHN THOMAS YOUNG

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. UNKNOWN 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased SEPTEMBER 13 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 26 If less than one day hr. --- min. ---

9. Birthplace WEST VIRGINIA  
(City, town, or county) (State or foreign country)

10. Usual occupation CITY EMPLOYEE

11. Industry or business RETIRED

MOTHER FATHER

12. Name JOHN YOUNG

13. Birthplace ENGLAND  
(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 Mrs. H. J. Henrichs

(b) Address 5514 E. 27th St

17. (a) BURIAL (b) Date thereof JAN 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) JAN 11 1944 (b) J. E. Brown  
(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. 5514 EAST 27th STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 9th  
year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 8th, 1943 to Jan 9th, 1944  
that I last saw him alive on Jan 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis Duration 1 yr  
Due to Arteriosclerosis 3 yrs  
Heart block  
Due to following Coronary 6 mos  
thromboses  
Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: Of operations ---  
Of autopsy 131 a

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) Method of injury ---  
23. Signature Allee L. Hurst, M.D.  
Address 400 E. 27th St Date signed ---

**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.....

*Emile M. Calhoun*

Licensed Embalmer No.....

*3506*

P. O. Address.....

*K. E. Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**