

FILED JUN 29 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2510

20957

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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **6-7-44-6-9-44**
(Specify whether years, months or days)
 In this community **2 years**

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. **1429 Forest**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **OLIVER REYNOLDS YOUNG**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 1942**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	2	8	_____ hr. _____ min.

9. Birthplace **Kansas City** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

12. Name **Oliver Young**

13. Birthplace **?** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth Reynolds**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **6-13-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **B. Sterling Bell**

(b) Address **1212 Vine St., K.C., Mo.**

19. (a) **6-13-44** (b) **N.E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
 year **1944** hour **9:35** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 7**, 19**44**, to **June 9**, 19**44**.

that I last saw him alive on **June 9**, 19**44**.

and that death occurred on the date and hour stated above.
 Immediate cause of death **Bronchopneumonia with Chicken Pox**

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____

(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) (M. D. or other)

23. Signature **B. Sterling Bell** (M. D. or other)

Address **Bu. Taylor 600 E. 22nd** Date signed **6/12/44**

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

36.

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed.....

E. Sterling Bell

Licensed Embalmer No.

73178

P. O. Address.....

1212 Vine, N.C.

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.