S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30376

Registration District No. 149

Primary Registration District No.

Registrar's No. 3581

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: 2824 - EAST - 21ST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 42
(If outside city or town limits, write "RURAL")

(d) Street No. 2824 - EAST - 21ST 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 HERBERT V. YOUNG

3. (b) If veteran, name war NO

3. (c) Social Security No. 510-05-6398

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MARGARET M. YOUNG

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

7. Birth date of deceased SEPTEMBER - 28 - 1877
(Month) (Day) (Year)

8. AGE: Years 66 | Months 11 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace LINCOLN (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation EMPLOYEE - MILL ESTIMATER

11. Industry or business AMERICAN SASH & DOOR CO.

FATHER
12. Name VIRGIL H. YOUNG
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name LOUISE VOIGH
15. Birthplace UNKNOWN (City, town, or county) WISCONSIN (State or foreign country)

16. (a) Informant MRS. MARGARET M. YOUNG
(b) Address 2824 EAST - 21ST STREET

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof SEPT-4-1944 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 9-4-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 2ND year 1944 hour ___ minute A M.

21. I hereby certify that I attended the deceased from Oct. 1, 1943 to Sept. 2, 1944; that I last saw him alive on Sept. 1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ignition & Myocardial Degeneration	
Due to Carcinoma (Adeno) of Splenic Flexure Colon	84 Mo
Due to C. Metasis to Lein Pancreas & Stomach	5 Mo
Other conditions (Include pregnancy within 3 months of death) 46 l	

Major findings: Of operation Annular Adeno-carcinoma of Splenic Flexure of Colon
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other) D.O.

Address 3800 E 27, K. C. Mo Date signed 9-2-44

(Licensed Embalmer's Statement on Reverse Side)

3800 East 25th Street

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 Oscar Northey

Licensed Embalmer No. 1767

P. O. Address KC 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.