

FILED NOV 20 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4551

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4246 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4246 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th
year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him alive on Reputy coroner, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: acute coronary occlusion
Due to _____
Due to _____

Other conditions: 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy: See Above

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)
Means of injury Q
23. Signature C. E. Ascher (M. D. or other) M.D.
23 McCoy Date 11/10/44
Address _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Mary YOUNGCLAUSE.

3. (b) If veteran, name war No 3. (c) Social Security No. 486-03-7706

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Robert A. Youngclause 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 18th, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 20 If less than one day
hr. _____ min. _____

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

10. Usual occupation Bell Telephone Co.

11. Industry or business Retired

12. Name John Stokes

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Kate O'Brine

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Madden

(b) Address 1134 Montgall Ave.

17. (a) Burial (b) Date thereof 11/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Mo.

19. (a) 11-11-44 (b) T. E. Brown (103)
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... 2999

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.