

FILED DEC 22 1944

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson Co.**  
 (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: **ST ZYKES Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution **few hours**  
**New Mrs. Kansas City, Mo.** (Specify whether  
 In this community years, months or days)

3. (a) PRINT FULL NAME

**George A. Young**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **NO**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **widower**

6. (b) Name of husband or wife **unknown**

6. (c) Age of husband or wife if alive **28 1/2** years **18 7/8**

7. Birth date of deceased **Feb 28 1874**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>9</b>	<b>22</b>	hr. <b>4</b> min.

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

10. Usual occupation **Farmer**

11. Industry or business **Walt & Whitney Employe**

12. Name **William Young**

13. Birthplace **unknown Virginia**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Ethene Carter**

15. Birthplace **unknown Virginia**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **E. G. Yoell**

(b) Address **Osath, Kansas**

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

(c) Place: burial or cremation **Wagon Valley**

18. (a) Signature of funeral director **Walter W. Hodge**

(b) Address **Osath, Kansas**

19. (a) **Dec 6 1944** (b) **E. G. Yoell**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kans** (b) County **994**  
**Stillwell** **14**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R. #1**  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) **no**  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **6**  
 year **1944** hour **12** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **19** to **19**;  
 that I last saw him **alive on** **19**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Automobile Traumatism**

**Fractures of Rt Femur -**  
 Due to **Maneuver sterni eggs**  
 **ribs on left side (1" through 6")**

Due to **car hit telephone pole**

Other conditions (Include pregnancy within 3 months of death) **1705**

Major findings: Of operations **positive 27**

Of autopsy **yes**

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 #48**

(b) Date of occurrence **Dec 5 1944**

(c) Where did injury occur? **Martin City Mo**  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place (Road)**  
 (Specify type of place)

While at work? (e) Means of injury **corner**

23. Signature **James Walker** (M. D. or other) **3**

Address **11424 Poplar Rd** Date signed **12-6-44**

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

FEB 20 1945

2 1945

**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 Martin W. Foye

Licensed Embalmer No. 36157

P. O. Address Olathe, Kansas

**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.