S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12603

Registrar's No. 1825

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-21-45 - 4-20-45 (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

(c) City or town RURAL, LEXINGTON, MO 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 MI SOUTH EAST LEXINGTON, MO 11
(If rural, give location)

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR G. YOUNG

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased JULY (Month) 19 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	1	hr. min.

9. Birthplace LAFAYETTE COUNTY MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ALFRED A. YOUNG
13. Birthplace COOPER COUNTY MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE BEATIE
15. Birthplace LAFAYETTE COUNTY MO (City, town, or county) (State or foreign country)

16. (a) Informant A. L. MAXWELL
(b) Address LEXINGTON MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 23rd 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CONCORDIA MO

18. (a) Signature of funeral director JAMES FUNERAL HOME
(b) Address CONCORDIA MO

19. (a) 4-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 20 year 1945 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 21, 1945, to to April 20, 1945 that I last saw him alive on April 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic Leukemia	
Due to	
Due to 74 A	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Biopsy - Leukemia and possible lymphosarcoma

Of autopsy Same Lymphatic Leukemia

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

23. Signature Carl R Ferris (M. D. or other) MD

Address 934 Argyle Blvd Kansas City MO Date signed April 20, 1945

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1929

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address Kansas City 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.