S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19756

FILED JUN 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2470

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: St. Luke
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 2 Weeks (Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami

(c) City or town Osawatomie, K
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William C. Young

3. (b) If veteran, name war no

3. (c) Social Security No. 510-05-5985

4. Sex Male

5. Color or race White

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 Oct (Month) 10 (Day) 1872 (Year)

8. AGE: Years 72 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Sta. Fireman

11. Industry or business Armour Packing Co.

FATHER
12. Name Merritt C. Young
13. Birthplace McClain Co. (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jane Swearington
15. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Emily Snyder
(b) Address Osawatomie, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Osawatomie, Kans 6/7/45

18. (a) Signature of funeral director EDDY FUNERAL HOME
(b) Address Osawatomie, Kans.

19. (a) 6-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 4th year 1945 hour 7:00 PM minute M.

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

Immediate cause of death Post mortem Cholangitis with multiple purulent abscesses of liver

Due to Terminal Bronchopneumonia

Due to Ascites

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

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

125 K

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 J. H. Jackin M.D. (M.D. or other)

Address [illegible] Hospital Date signed 6-4-45

(Licensed Embalmer's Statement on Reverse Side)

Jasper 5739
Oklahoma
JUL 27 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.....

Licensed Embalmer No.....

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.