V. S. No. 2
00M—2-43
Rev. 5-17-39
1 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

FILED JUL 23 1945

State File No. 23311

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2897

1. PLACE OF DEATH: Hospital
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-2-45, 2:20 p.m. to 7-2-45, 4:30 p.m. 25 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1912 E. 19th, Apt. 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES YOUNG
3. (b) If veteran, name war no
3. (c) Social Security No. 495-09-3193
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 18 (Month) (Day) 1880 (Year)

8. AGE: Years 65 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Prescott (City, town, or county) Arkansas 1 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name George Young
13. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)
MOTHER
14. Maiden name Sarah Mallory
15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 7-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1945 hour 4:30 minute p.m. M.
21. I hereby certify that I attended the deceased from July 2, 1945 2:20 p.m. to July 2, 4:20 p.m. 1945; that I last saw him alive on July 2, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | |
| Due to Hypertensive type heart | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 93d | |
| Major findings: Of operations | |
| 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
23. Signature [signature] (M. D. or other)
Address General Hospital #2 Date signed 7-3-45

(Licensed Embalmer's Statement on Reverse Side)

## 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 A. T. Moore

Licensed Embalmer No. 946

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.**