S. No. 2
M—2-43
. 5-17-39
I X35897

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

4950

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 601

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: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 1 Month years, months or days)

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. 1825 Elmwood (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas J. YOUNG

3. (b) If veteran, name war World War # 2

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 9, 1920 (Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Summers County West Virg. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Soldier U.S.A.

11. Industry or business Discharged Last Dec.

FATHER
12. Name Howard P. Young
13. Birthplace Summers County West Virg. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Caperto
15. Birthplace Mercer County West Virg. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Howard P. Young

(b) Address 1825 Elmwood. K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Minton, West Virg.

18. (a) Signature of funeral director Mallody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 2-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th year 1946 hour 4 minute 35 A.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 Deputy Coroner Shock.

Due to Multiple Fracture of

Due to Legs (Hit by Car)

Other conditions (Include pregnancy within 3 months of death) Car & pedestrian.

Major findings: Of operations 1700-8

Of autopsy 21

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 123

(b) Date of occurrence 2/3/46

(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Auto Fuma

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 2800 Main K.C. Mo Date signed 2/4/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 194

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. 999

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.