

FILED JUN 3 1946
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2346

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:
FAIRMOUNT HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs
(Specify whether
In this community 12 hrs.
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. 1414 E 27
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARY YOUNG

(b) If veteran, name war x no (c) Social Security No. None

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased MAY 22 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. min. _____

9. Birthplace KANSAS CITY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER

12. Name VINCENT YOUNG

13. Birthplace GEORGE SPRINGS MO.
(City, town, or county) (State or foreign country)

14. Maiden name MARY YOUNG

15. Birthplace AURORA COLO.
(City, town, or county) (State or foreign country)

16. (a) Informant FAIRMOUNT HOSPITAL

(b) Address 1414 E. 27 - K.C. - MO.

17. (a) Burial (b) Date thereof May 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director H. D. Washler

(b) Address 1415 East 15

19. (a) 5-25-46 (b) Heraldine Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22
year 1946 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from MAY 22
1946 to MAY 22 1946
that I last saw her alive on MAY 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death anaphylaxis chest
palpate, bilateral club feet.
Due to congenital defects
Due to _____

Duration

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

Major findings: Of operations 1578
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) no
(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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature H. D. Washler (M. D. or other)
Address 510 Professional Bldg Date signed 7/22/46

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

1582

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.