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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

23888

State File No.

FILED JUL 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3161

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. Joseph's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 97

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

(d) Street No. 4815 Forest Avenue
(If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war No

3. (c) Social Security No. 714-07-1169

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Hazel Young

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 28th (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	20	hr. min.

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

10. Usual occupation Chief Settlement Clerk

11. Industry or business Railway Express Agency

FATHER
12. Name Joseph Kincaid Young
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Melissa Vinson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Young

(b) Address 4815 Forest Ave. K. C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Stine & McClure Und. Co.

(b) Address 10[illegible] West 42nd St. Kansas City, Mo.

19. (a) 7-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from JUNE 15-46 / JULY 18, 1946, to July 18, 1946 that I last saw him alive on July 18, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death left ventricular failure	
Due to diffuse metastatic Carcinoma	
Due to primary Ca in left kidney	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 2	
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 R. Paul Wright (M. D. or other) MD

Address 1324 Prof. Bldg., K.C., 6, Mo. Date signed July 18-46

(Licensed Embalmer's Statement on Reverse Side)

1324 Park Ave.

AUG 1 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 Walter Erwin

Licensed Embalmer No. 4352

P. O. Address K.C. 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.