

S. No. 2  
M-8-43  
S-17-39  
X37823

**FILED** SEP 10 1946

Registration District No. 42

Primary Registration District No. 5125

Registrar's No. 984

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town Rural #5 Centre Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Route # 5 / St. Joseph  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not  
(Specify whether)

In this community 86 years 5 month 16 days  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan //

(c) City or town Rural No. 5 St. Joseph  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sarah Isabell Young

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert Irwin Young

6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased March 4 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>16</u>	hr. _____ min. <u>11</u>

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name George Thompson

13. Birthplace Manchester England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Craig McFarland

15. Birthplace CoTyrome Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert I Young

(b) Address R.R. #5, St. Joseph, Missouri

17. (a) Burial (b) Date thereof 8/24/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stalter Preierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Sept. 3, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 20th year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Aug 18 1946 to Aug 20 1946  
that I last saw her alive on Aug 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 da

Due to Gen Arterio Sclerosis 10 yr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 830

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature [Signature] (M. D. or other) 0  
Address St. Joseph, Mo Date signed 8/21/46

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**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 *Albert R. Harrington*  
Licensed Embalmer No.....3258 Missouri.....  
P. O. Address.....St. Joseph, Missouri.....

**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.**