

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

26602
State File No. _____

Registration District No. 71 Primary Registration District No. 37012 Registrar's No. 109

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 252 days
(Specify whether
In this community 252 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Muskogee 999
(c) City or town Muskogee 34
(If outside city or town limits, write "RURAL")
(d) Street No. 603 So. 5th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Essie D. Young
3. (b) If veteran, name war World War II
3. (c) Social Security No. Yes-Not remembered

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
1946 hour 6:25 minute A. M.
21. I hereby certify that I attended the deceased from
December 10, 1945 to August 18, 1946
that I last saw him alive on August 18, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 23, 1924
(Month) (Day) (Year)

Immediate cause of death _____
Tuberculosis, pulmonary, chronic, far advanced, active IV, severe.
Duration Unknown

8. AGE: Years 22 Months 0 Days 26
If less than one day
hr. _____ min.

Due to _____
Due to _____

9. Birthplace Buffalo Texas
(City, town, or county) (State or foreign country)

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

10. Usual occupation Student

Major findings: Of operations _____

11. Industry or business None

Of autopsy No autopsy performed

12. Name Wallace Young

13. Birthplace Buffalo, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Tryon

15. Birthplace Oakwood Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address _____

17. (a) Removal (b) Date thereof Aug. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Removal Muskogee, Oklahoma

18. (a) Signature of funeral director HOPE FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 8/21/46 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Ernest M. Tapp (M. D. or other) M. D.
Address Veterans Administration Date signed 8-19-46

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Missouri

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

MOTHER FATHER

25440

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-31-66

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.