S. No. 2
—12-45
, 5-17-39
RI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 789

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37261

Primary Registration District No. 1062

Registrar's No.

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 No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 days (Specify whether years, months or days)
In this community: 22 YEARS

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.: 6918 Cleveland
(If rural, give location)
(e) Citizen of foreign country? YES (Yes ~~or No~~)
If yes, name country: SWEEDEN

3. (a) PRINT FULL NAME: Pete Youngren
3. (b) If veteran, name war: No
3. (c) Social Security No. 496-09-4774
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. NELLIE YOUNGREN
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: FEB. 3, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	7	hr. min.

9. Birthplace: Stockholm (City, town, or county) SWEEDEN (State or foreign country)
10. Usual occupation: EMPLOYEE
11. Industry or business: FLORAL HILL CEMETERY
FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: MRS. NELLIE YOUNGREN
(b) Address: 6918 CLEVELAND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEM.
18. (a) Signature of funeral director: B.W. Newcomer Sons
(b) Address: 1401 Brush Creek KC Mo
19. (a) 11-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 10 year: 1946 hour: 9 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Oct. 27, 1946 to Nov. 10, 1946; that I last saw him alive on Nov. 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral vascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

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: Wm. W. Hall (M.D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 11-12-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Thomason

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 Emile M. Calhoun

Licensed Embalmer No. 1052

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.