

S. No. 2  
-12-45  
5-17-39  
P-1 X47070

**FILED DEC 19 1946**  
Registration District No. 199

Primary Registration District No. 1002

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

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:  
4600 Mill Creek  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. SARAH E. 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 Widowed

6. (b) Name of husband or wife F. M. Young

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

7. Birth date of deceased March 28th 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 8 54 hr. min.

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

10. Usual occupation At Home

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

MOTHER FATHER

12. Name John Spencer

13. Birthplace Zanesville Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Alley

15. Birthplace Greensburg Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. S. Roberts

(b) Address Trenton, Missouri

17. (a) Removal (b) Date thereof 12 - 4 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 12-3-46 (b) Thalidine Holman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 4600 Mill Creek **8**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **1**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd,  
year 1946 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from May 1946 to Dec 2 1946  
that I last saw her alive on Dec 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chrom. Myocarditis Senile **about 2 yrs**

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

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

Major findings: \_\_\_\_\_

Of operations 93rd

Of autopsy none

Duration

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? \_\_\_\_\_

23. Signature J. E. Donaldson (M. D. oncologist)  
Address 100 Angyle Bldg Date signed 12/3/46

**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 *Edmund E. Trimmer*

Licensed Embalmer No. *481*

P. O. Address *Kansas City, 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.**

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