

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

State File No. _____

FILED FEB 24 1947
1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 702

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:
1914 E. 13th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Three weeks
years, months or days

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. 1914 E. 13th St 8
(If rural, give location) no 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Young

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Zula Young Age of husband or wife if alive 61 years

7. Birth date of deceased April 26 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Operator of Restaurant

11. Industry or business _____

12. Name Robert Young

13. Birthplace Dont Know Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Martha Harris

15. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Fitchugh

(b) Address 1914 E. 13th St

17. (a) Removal (b) Date thereof Feb, 14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton Mo.

18. (a) Signature of funeral director West. P. Fitchugh, Jr.

(b) Address 1905 Vine St.

19. (a) 2-14-47 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1947 hour 11:25 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 3-47 to Feb 13-47
that I last saw him alive on Feb 13-47 and that death occurred on the date and hour stated above.

Immediate cause of death acute Parenchymatous Nephritis

Due to Pemphigus (non contagious)

Due to _____

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

Major findings: Of operations 150

Of autopsy _____

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 Geo. J. Hedgcock (M. D. or other) _____

Address 1619 E. 12th St. Mo. Date signed 2/14/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 27 1947

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..... *C. J. Hunt*.....
Licensed Embalmer No..... *2710*.....
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.