

FILED JUN 9 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 695

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1103 No 13th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community over 30 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 No 13th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA M YOUNGER

3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Earl Younger 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 5 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Platte Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Walter Chapin

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

14. Maiden name unknown

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

16. (a) Informant Walter Younger

(b) Address St. Joseph Mo

17. (a) Removed (b) Date thereof May 29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton Mo

18. (a) Signature of funeral director St. Joseph Funeral Home
(b) Address St. Joseph Mo

19. (a) 6-2-47 (b) Ed C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from April 5 1947 to May 25 1947
that I last saw her alive on May 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 mo.

Due to arteriosclerotic cardiovascular disease

Due to Had repeated thrombi during last two months

Other conditions (Including those within specified month) _____
Major findings: Of operations none
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 _____

23. Signature B. S. Grant M.D. (M. D. or other)
Address St. Joseph Mo Date signed 5-27-47

grant

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.....

Charles Marshall Harmon....., Registered Apprentice No. 450

working under my personal supervision.

Signed John E. Hurley.....

Licensed Embalmer No. 4050

P. O. Address St. Joseph, 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.