

S. No. 2
M-9-4-41
Rev. 5-17-39
X2948A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21272

State File No.

FILED JUL 14 1947
149

2806

Registration District No.

Primary Registration District No. 1002

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. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether years, months or days)

In this community 32 YRS.

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. 2318 BELLEFONTAINE
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMA YOUNG

3. (b) If veteran, name war —

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1, year 1947 hour 5: minute 15 A.M.

21. I hereby certify that I attended the deceased from JUNE 20, 1947 to JULY 1, 1947; that I last saw h. ER alive on JULY 1, 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Monroe Young

6. (c) Age of husband or wife if alive, years 23, 1894/1896

7. Birth date of deceased MAY 23
(Month) (Day) (Year)

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

8. AGE: Years 57 Months 1 Days 8
If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace ODESSA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation DAY WORK

Major findings: Of operations 93/12

Of autopsy

PHYSICIAN —

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name LEN BARNER

{ 13. Birthplace ODESSA MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name SALLIE SCOTT

{ 15. Birthplace ODESSA MISSOURI
(City, town, or county) (State or foreign country)

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?

16. (a) Informant ALYNE BARNER (NIECE)

(b) Address 2318 BELLEFONTAINE

17. (a) Removal (b) Date thereof 7-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odeessa, Mo.

18. (a) Signature of funeral director Husman Sparks

(b) Address Odeessa, Mo.

19. (a) 7-1-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work?

(Specify type of place) (c) Means of injury

Signature [Signature] (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 7/1/47

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

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 William T. Sparks
Licensed Embalmer No. # 4431
P. O. Address Odessa, 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.