No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28013

FILED SEP 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3676

WRITE PLAINLY—USING 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: K.C.Gen.Hospita No.1
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 53 years
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. 2421 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Sarrett 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 married

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 30, (Day) 1877 (Year)

8. AGE: Years 69 Months 9 Days 24 If less than one day ....hr. ....min.

9. Birthplace Geneseo, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name John Smith
13. Birthplace ---- (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Anna McLaughlin
15. Birthplace Philadelphia, (City, town, or county) Pa. (State or foreign country) 1

16. (a) Informant Mrs. Mary DeVasher
(b) Address 2727 Kensington, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 8-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th
year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-18-47, 19..., to 8-24-47, 19...;
that I last saw her alive on 8-24-47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction pulmonary edema & Congestion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations

Of autopsy See above

Duration

PHYSICIAN

Underline the cause of 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. Hart (M. D. or other) MD
Med. Dir. K.C.Gen.Hosp. K.C.Mo.
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell M Frame

Licensed Embalmer No. 4255

P. O. Address Kosmo

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.