

FILED OCT 13 1947

Registration District No. **222**

Primary Registration District No. **1000**

Registrar's No. **1212**

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: **Mo. Methodist Hosp.**
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution, **2 weeks**
41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **506 No. 20th**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Onilee G. Young**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-09-8120**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 8 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	5	0	hr. min.

9. Birthplace **Atchison Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Business Office**

11. Industry or business **Bell Telephone Co.**

12. Name **Fredi Young**

13. Birthplace **Chariton Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Bryan**

15. Birthplace **Ottumwa Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. D. Young**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **10/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Blanton Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **10-10-47** (b) **L. C. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8**
year **1947** hour **12** minute **35** A.M.

21. I hereby certify that I attended the deceased from **Mar. 20 1943** to **Oct. 8 1947**
that I last saw him alive on **Oct. 7 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **general carcinoma**
Due to **Cancer Cervix 1943**
bladder 1945
Liver + Mediastinum 1947

Other conditions (Include pregnancy within 3 months of death) **489**

Major findings: **Cancer Uterus**
Of operations: **Cancer Liver**
Of autopsy: **No**

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 **L. S. Sauer** (M. D. or other)
Address **St. Joseph, Mo.** Date signed **10-8-47**

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

MOTHER FATHER

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.....

James B. Hawkins..... Registered Apprentice No. *27*
working under my personal supervision.

Signed..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St, Memphis, 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.