. 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. 31535

FILED OCT 4 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4099

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 722 WARD PARKWAY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 16 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. 722 WARD PARKWAY 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIOLA PEARL YOUNG
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE 1
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 NOVEMBER (Month) 6 (Day) 1891 (Year)

8. AGE: Years 55 ~~56~~ Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace WASHINGTON (City, town, or county) IOWA 1 (State or foreign country)
10. Usual occupation TEACHER
11. Industry or business K.C. YEAGER + EAST JUNIOR HIGH
FATHER
12. Name EDWARD H YOUNG
13. Birthplace (City, town, or county) IOWA 1 (State or foreign country)
MOTHER
14. Maiden name CLARA BRINDLEY
15. Birthplace (City, town, or county) IOWA 1 (State or foreign country)
16. (a) Informant MRS. S. A. MURRAY
(b) Address TRINITY LUTHERAN HOSP.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation HOLDEN, MISSOURI
18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 9-27-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of chest, spine pelvis & legs. 4
Due to
Due to
Other conditions 164 2
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no
History + Inspection

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) suicide
(b) Date of occurrence 9-27-47
(c) Where did injury occur? Kc Jackson (City or town) (County) mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury Fall 3

23. Signature James Walker (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 9-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 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 John E. Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed H C Mencomes

Licensed Embalmer No. 482

P. O. Address K C 4 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.