S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41992

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5390

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 71 years
years, months or days)

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. 1827 Independence
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Young
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Mande Young, deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 29 (Day) ~~1858~~ 1862 (Year)
8. AGE: ~~89~~ 85 Years, 9 Months, ~~23~~ 22 Days — If less than one day hr. min.
9. Birthplace Straben (City, town, or county) Scotland (State or foreign country)
10. Usual occupation retired piano finisher
11. Industry or business and furniture dealer

FATHER
12. Name Wm Young
13. Birthplace (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Isabelle Young
15. Birthplace (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs L. D. Roark, daughter
(b) Address 5101 W. 66th Overland Park
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery K. C. Kansas
18. (a) Signature of funeral director Fairweather Werner
(b) Address Kansas City, Kansas
19. (a) 12-22-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 18, 1947, to Dec. 21, 1947
that I last saw him alive on Dec. 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis with cardio renal disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

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
Address Med. Dir. Gen'l Hosp. Date signed 12-21-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Anderson

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 Augustus C. Wenner

Licensed Embalmer No. 2597

P. O. Address Kansas City, Kansas

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.

Fairweather - Wenner Mortuary