S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16592

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2201

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:
1416 Prospect Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 1 year
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. 1416 Prospect Avenue 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Grace YOUNG

3. (b) If veteran, name war no

3. (c) Social Security No. 415-16-3397

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Harold G. Young

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

7. Birth date of deceased October (Month) 1, (Day) 1902 (Year)

8. AGE: Years 45 | Months 7 | Days 23 | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Charles McGinley
13. Birthplace --- (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Rose Walsh
15. Birthplace Aberdeen (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Mrs. Rose McGinley
(b) Address 1416 Prospect Ave., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

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

19. (a) 5-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 1948 hour 6 30 minute P 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 Coronary sclerosis

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy no
Healing & Inspection

Duration

PHYSICIAN
Underline the cause to 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 3

23. Signature [signature] (M. D. or other) Coroner
Address 1424 Prof Pkwy Date signed 5-25-48

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.