

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19734

FILED JUL 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2600

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 8 1/2 hrs.
(Specify whether
In this community Unknown
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. 514 1/2 Main 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Clifford Young

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S.O.

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

7. Birth date of deceased May 23 - 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Mr. Young

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Young

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

16. (a) Informant Richard Clark

(b) Address K. C. Gen. Hosp. #1

17. (a) Removal (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodesha, Kansas

18. (a) Signature of funeral director Wailert Funeral Home

(b) Address 2332 Monitor Place, K. C. Mo.

19. (a) 6-21-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 19, 1948 to June 20, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

26. Signature W. W. Hart (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 6-20-48

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Miller

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 *Blaine C. Weiland*

Licensed Embalmer No. *4025*

P. O. Address *K.C. 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.