

FILED DEC 29 1948 49
Registration District No.

Primary Registration District No. 1002

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:
5515 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years (Specify whether 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. 5515 Charlotte
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN L YOUNGER

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 Married

6. (b) Name of husband or wife Alice Younger

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec 18 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>28</u>	hr. min.

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

10. Usual occupation Retired Sign Painter

11. Industry or business

MOTHER FATHER {

12. Name John Younger

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

14. Maiden name Ellen Holland

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

16. (a) Informant Robert Younger

(b) Address 5515 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/48
(Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Wm. A. Robin Co.

(b) Address 20 West Linwood

19. (a) 12-18-48 (Date received local registrar)

(b) A. Heraldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day Dec
year 1948 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from July 12, 1946
to 7:00 PM 12/16/48
that I last saw him alive on 16 Dec 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Arteriosclerosis

Due to Hypertensive Heart Disease

Due to Generalized Arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations g. r. h.

Of autopsy

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?

While at work? (Specify type of place)

(c) Means of injury g. r. h.

23. Signature F. Stanley Mores (M. D. or other)

Address 1512 Prof. Bldg. Date signed 12/18/48

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

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address. Kansas City 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.