

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18721**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>652</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>44 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo 1 Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>---</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 11, 1873</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Car operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public Trans.</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Jacob (Yondt) Young</u>			13b. MOTHER'S MAIDEN NAME <u>Katharine Schumacher</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-7051</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Adams-St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u>		DUE TO (b) <u>arterio sclerosis</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>---</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>							<u>391X</u>
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>June 3, 1949</u> , to <u>June 6, 1949</u> , that I last saw the deceased alive on <u>June 6, 1949</u> , and that death occurred at <u>2:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Colles Rowland M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>June 6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 14, 1949</u>		REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Charles M. Herman

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.