

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13357

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1630

1. PLACE OF DEATH
 a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson

3. CITY (If outside corporate limits, write RURAL and give township)
 c. CITY OR TOWN Kansas City

4. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

5. STREET ADDRESS (If rural, give location) 61 4605 Chestnut

3. NAME OF DECEASED (Type or Print)
 a. (First) Carl b. (Middle) FREDRICK c. (Last) Youngberg, SR.

4. DATE OF DEATH (Month) (Day) (Year)
4 3 50

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH OCTOBER 19, 1895 9. AGE (In years last birthday) 54 YRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST & OWNER 10b. KIND OF BUSINESS OR INDUSTRY K.E. WELDING MACHINE WORKS 11. BIRTHPLACE (State or foreign country) CONCORDIA, KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALFRED NICHOLAS YOUNGBERG 13b. MOTHER'S MAIDEN NAME ELVIRA CLINE 14. NAME OF HUSBAND OR WIFE BESSIE FAYE YOUNGBERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. BESSIE F. YOUNGBERG ADDRESS 4605 CHESTNUT

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach

ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS:
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 20, 1950, to April 3, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title) _____ 23b. ADDRESS Med. Dir. Gen'l Hosp. 23c. DATE SIGNED 4-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APR. 6-1950 24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 4-6-50 REGISTRAR'S SIGNATURE Thereldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer ADDRESS 1331 BRUSH CREEK BND KANSAS CITY, MO.

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

3008
 0

Mr. C. J. ...

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.

Student _____
Student Embalmer

Signed *Doyle L. Daniel*

Licensed Embalmer No. *4703*

P. O. Address *Jessie City, Miss*

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.