

FILED FEB 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1593

404

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1441 Independence Ave. K.C. Mo.		d. STREET ADDRESS (If rural, give location) 5932 Forest Ave	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) E	
		c. (Last) YOUNG	
4. DATE OF DEATH (Month) (Day) (Year) 1-23-52			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-18-1865
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife	11. BIRTHPLACE (State or foreign country) Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Atkins		13b. MOTHER'S MAIDEN NAME Mary Smith	14. NAME OF HUSBAND OR WIFE David Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mr. Chas. E. Young ADDRESS 5932 Forest K.C. Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Acidosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1951 , to 1-23, 1952 , that I last saw the deceased alive on 1-22, 1952 , and that death occurred at 11:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart MD (Degree or title)		23b. ADDRESS Mo. 6305 Brookside Plaza Kansas City,	23c. DATE SIGNED 1-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-26-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 1-25-52	REGISTRAR'S SIGNATURE Suzaldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE F. A. Reising	ADDRESS Kansas City, Ks.

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
George A. Reising

Signed.....
Student Embalmer

Licensed Embalmer No. 4468

P. O. Address Kansas City, Kansas

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.