

REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28205  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100 Registered No. 3207  
(c) City KANSAS CITY (d) Street No. ST. LUKE'S HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 1 day (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

ANTHONY THORSON  
(a) Residence, No. \_\_\_\_\_ St.  CONCORDIA, MISSOURI  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Thorson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No. March 27, 1866

7. AGE YEARS 73 MONTHS 4 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PAINTER  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) AUGUST 9, 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

FATHER 13. NAME Unkenau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkenau

MOTHER 15. MAIDEN NAME Unkenau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkenau

17. INFORMANT (ADDRESS) Mrs. Emma Thorson  
Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia, Mo. DATE 8/14/39

19. FUNERAL DIRECTOR (NAME) Hellody-McGilley  
(ADDRESS) K. C. Mo.

20. FILED 9/13 39 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-39

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 12, 1939, to AUGUST 13, 1939

I last saw him alive on Aug. 13, 1939. Death is said

to have occurred on the date stated above, at S.P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary hemorrhage, infarction, and edema; early to bar pneumonia.  
(Hemorrhagic encephalitis); Cause Undetermined

Other contributory causes of importance: Fracture of ribs 2, 3 & 4 (right)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury Aug. 9, 1939

Where did injury occur? St. Concordia, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Occurred while painting house

Manner of injury Fell 18 feet to ground from scaffold.

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) E. Lee Miller, M. D.

(Address) Prof. Bldg. K.C. Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**