

Registration District No. **399**

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 17 Years
years, months or days)

8. (a) PRINT FULL NAME Mae DOROTHY THOMAS 520

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Earl Eugene Thomas 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased April 19 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 1 11 hr. min.

9. Birthplace Hardin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name Richard E. Withers

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Scribner

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Thomas

(b) Address 5836 Hardesty Ave

17. (a) Burial (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Missouri

18. (a) Signature of funeral director D. K. Newcomb Sons

(b) Address 1401 Brush Creek Blvd

19. (a) June 1, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

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. 5836 Hardesty Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1940 hour 4 minute 42 A. M.

21. I hereby certify that I attended the deceased from 5-30-40, 19 , to 5-31-40, 19 ;
that I last saw or alive on 5-31-40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestion of all organs following childbirth

Due to 150
Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy See above

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?
3/1 While at work? (Specify type of place) (e) Means of injury +

23. Signature Dr. Do Maria M. D. (M. D. or other) Supt. K. O. Gen. Hospital, K. C. Mo.
Address ----- Date signed -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

James H. Case
Super

Licensed Embalmer No. *4128*

P. O. Address *1509 Brook Creek Rd*

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.