

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18661
1642
Registrar's No.

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 12 days (Specify whether
In this community 32 Years years, months or days) *

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. 2542 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edward Thomas
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth Thomas 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 8 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 16 hr. min.

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

10. Usual occupation Inspector (retired)
K.C. Water Dept.

MOTHER FATHER
12. Name Jasper M. Thomas
13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Susan R. Bryan
15. Birthplace Unknown Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Thomas
(b) Address 2609 Indiana Avenue

17. (a) Burial (b) Date thereof April 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1111 Todd Chapel, Richmond, Mo.

18. (a) Signature of funeral director D.H. Newcomer, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 25 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24th
year 1941 hour 3 minute 05 A. M.
21. I hereby certify that I attended the deceased from 3-12-41 19 to 4-24-41 19
that I last saw him alive on 4-24-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis; massive encephalomalacia, left hemisphere
Due to _____
Due to _____

Other conditions Coronary sclerosis; Diffuse myocardial fibrosis
(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? _____

(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature Bruce R. Shaw (M. D. or other)
Address Med. Dir. K.C. Gen Hospital 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.....

H. C. Newcomer Jr.

Licensed Embalmer No. *41043*

P. O. Address *H. C. Newcomer*

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.