

Registration District No. 400

Primary Registration District No. 55533

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co Home Rural Jackson Co
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Mo.
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME THOMAS SOLOMON

3. (b) If veteran, name war Don't know 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro 6. (e) Single, widowed, married, divorced Don't know

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 19 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 13 If less than one day _____
hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant: County Home Records

(b) Address Little Blue Mo

17. (a) Removal (b) Date thereof 5-3-41
(Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Mo

18. (a) Signature of funeral director W. Greenstreet

(b) Address 1819 E. 81st K.C. Mo.

19. (a) 5-2-41 (b) Sara E. Gamm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Little Blue Mo Prairie Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1st
year 1941 hour 8:20 minute _____ A.M. _____

21. I hereby certify that I attended the deceased from April 1, 1941, to May 1, 1941;
that I last saw him alive on May 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Anti-metabol
Insufficiency

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 W

Major findings: Of operations _____

Of autopsy _____

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? _____

932 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. D. Booker (M. D. or other) _____

Address 2028 Vin St. Date signed 5/1/41

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

MOTHER FATHER

THOMAS RAMON

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 *Edw. Stevens*

Licensed Embalmer No. *2836*

P. O. Address *1819 E 15th Ave*

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.