

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 783

Registration District No. 379

Primary Registration District No. 1002

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

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: St. Luke Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 7 Days in hospital or institution. (Specify whether)
In this community Seven days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Rural #1 Belton, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Southwest Belton, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME EDWARD WILLIAM THOMAS

8. (b) If veteran, name war No 8. (c) Social Security No. 20

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

6. (b) Name of husband or wife MARIE THOMAS 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 20 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Jackson Co., Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Thomas

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

14. Maiden name Elizabeth Odell

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Thomas

(b) Address 701, Belton, Mo.

17. (a) Burial (b) Date thereof 2 25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo.

18. (a) Signature of funeral director E. H. Granger & Sons

(b) Address Belton, Mo.

19. (a) 2/25/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-8 1941, to 2-23 1942
that I last saw him alive on 2-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 days

Due to postoperative

Due to 513

Other conditions Carcinoma of prostate 1 year
(Include pregnancy within 3 months of death)

Major findings: Of operations Hernia of diaphragm

Of autopsy Pneumo-pneumonia
Carcinoma of prostate

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. J. Wilson (M. D. or other)

Address Play Medical Bldg Date signed 2-24-42
Belton, Mo.

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. 3646

P. O. Address Grandview Mo

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.