

S. No. 2
M-5-42
7, 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39973

State File No. _____
Registrar's No. **4510**

FILED DEC 18 1942
Registration District No. **149**

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 years**
(Specify whether 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. **2419 Euclid**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS STAPLES**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **30**
 year **1942** hour **2** minute **10** a. M.

4. Sex **Male** 5. Color or Race **Negro**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **May Staples**
 (c) Age of husband or wife if alive, years **53** 1892

21. I hereby certify that I attended the deceased from **February 20** 19**42** to **November 30** 19**42**.
 that I last saw him alive on **November 30** 19**42**.
 and that death occurred on the date and hour stated above.

8. AGE: Years **50** Months **7** Days **27** If less than one day **5** hr. _____ min.

Immediate cause of death **Uremia with Nephritis (post-operative for skin graft)**
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Nelson Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Unemployed**

11. Industry or business _____
 12. Name **Thomas Staples**
 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ruth Lewis**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Major findings: **Contracted tendon of leg with skin grafting, due to old burn.**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**
 (b) Address **General Hospital No. 2**
 17. (a) **burial** (b) Date thereof **12/4/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**
 18. (a) Signature of funeral director **Hattens Bros**
 (b) Address **1729 Lydia**
 19. (a) **12-4-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **acc 123**
 (b) Date of occurrence **2-20-1942**
 (c) Where did injury occur? **K. G. Jackson, Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Coal oil exp. while starting stove fire
(Specify type of place)
 While at work? _____ Means of injury **Burns.**
 23. Signature **J. O. Thomas** (M. D. or Dentist)
 Address **Gen. Hosp. #2-600 E. 32d** Date signed **12-2-42**

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.....

Jerome Mandore
.....
Licensed Embalmer No. *3994*
.....
P. O. Address *3503 Highland*
.....

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.