

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 No. 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1-5-43-1-6-43**
(Specify whether years, months or days)

In this community **50 years**

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. **1705 Forest**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **THEODORE THATCHER**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **December 15 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 0 22 1/2 hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wilson Thatcher**

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

{ 14. Maiden name **Martha**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **1-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn Cemetery**

18. (a) Signature of funeral director **Walter W. Thatcher**

(b) Address **1520 N. 5th Street**

19. (a) **1-11-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **6**
year **1943** hour **10:30** minute **a.** M.

21. I hereby certify that I attended the deceased from **January 5 1943** to **January 6 1943**
that I last saw him alive on **January 6 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Decompensation**

Due to **Hypertensive type heart disease**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

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

23. Signature **[Signature]** (M. D. or other) _____
Address **Gen. Hosp #2-60 E 22** Date signed **1-8-43**

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

Nathan Nathaniel

Licensed Embalmer No. *2700*

P. O. Address *1520 N. 5th St.*

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.