S. No. 2
M—9-41
5-1
>I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13444

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1778

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Thompson office (Prof. Bldg)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 43 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5626 Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth THOMAS.

3. (b) If veteran, name war no

3. (c) Social Security No. 496-05-5696.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Shirley F. Thomas.

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November (Month) 8th, (Day) 1898 (Year)

8. AGE: Years 44 Months 5 Days 2 If less than one day ....hr. ....min.

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

10. Usual occupation Union National Bank

11. Industry or business

MOTHER FATHER
12. Name Jess Thomas.
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Lucinda Harvey
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Shirley F. Thomas
(b) Address 5626 Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 4/14/43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1943 hour 10:40 minute a. M.

21. I hereby certify that I attended the deceased from Coroner, to ....., 19....
that I last saw h..... alive on ....., 19....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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 [illegible] (M. D. or other)
Address K. C. Mo. Date signed 4/10/43

561

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 19[illegible]

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.....

P. O. Address.....

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.