

FILED AUG 14 1943

Registration District No. 149

Primary Registration District No. 1002

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:
3200 Northridge
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
(Specify whether
 In this community 2 years
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. 509 So. Denver
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Naturalized

3. (a) PRINT FULL NAME

John Wesley Thomas

3. (b) If veteran name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
 year 1943 hour 11 minute P M.
 21. I hereby certify that I attended the deceased from 6-6-43
 19 8-5-43 to 8-5-43
 that I last saw him alive on 19 8-5-43
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Almeda Thomas 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased: Mar 5 1860
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
 Due to 97
 Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 5 Days 0 If less than one day 0 hr. 0 min.
 9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
 11. Industry or business Farmer
 12. Name Sam Thomas
 13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Malinda Poole
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations Arteriosclerosis
 Of autopsy Arteriosclerosis

16. (a) Informant Irene Blank
 (b) Address 509 So. Denver
 17. (a) Removal (b) Date thereof 8/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brookfield no
 18. (a) Signature of funeral director Ernest Meyberg
 (b) Address Lawrence & Olive
 19. (a) 8-6-43 (b) P. E. Brown
(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) _____
 (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 [Signature] (M. D. or other) _____
 Address 3200 Northridge Date signed 8-6-43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 _____

Roy E. Snow

Licensed Embalmer No: *25-60*

P. O. Address: *K @ MD*

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.