

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED AUG 21 1943
Registration District No. 149

State File No. 3445
Registrar's No.

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:
At Home--/4309 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 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. At Home-4309 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maggie Thomas
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife George Thomas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 8, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August 7 day Saturday
year 1943 hour 12:53 minute A. M.
21. I hereby certify that I attended the deceased from 6/24/43 19 to 8/7/43 19
that I last saw him alive on 8/6/43 19; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 6 3029 hr. min.

Immediate cause of death Cardiac decompensation Duration 3mo
Due to nephritic hypertension
Due to 1310
Other conditions General atherosclerosis
(Include pregnancy within 3 months of death)

9. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)
10. Usual occupation At Home-
11. Industry or business _____
12. Name Monroe Williams
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bowls
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Johnny Thomas
(b) Address 4309 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/43
(Month) (Day) (Year)
(c) Place: Burial or cremation Highland Cemetery
18. (a) Signature of funeral director W. Atkins Bros
(b) Address 1729 Lydia Avenue
19. (a) 8-9-43 (Date received local registrar) (b) Def. P. E. Brown (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 W. H. Sechwell (M. D. or other) Address 2131 E. 24th Date signed 8/9/43

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

V. S. No. 2
FORM—2-43
Rev. 5-17-39
I X35697

Caldwell

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 Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 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.