

41207

No. 2  
1-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 3 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5295

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:  
6728 ROCK HILL ROAD  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 50 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. 6728 ROCK HILL ROAD  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. FRANCES LOUISE PARK

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12<sup>TH</sup>  
year 1943 hour 1 minute 15 A. M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. THOS. W. PARK

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

7. Birth date of deceased JULY 5 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21 1943  
\_\_\_\_\_ 19 \_\_\_\_\_ to Dec 12 1943  
that I last saw him alive on Dec 11 1943  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 71    | 5      | 49   | hr. min.             |

Immediate cause of death: Congestive heart failure

Due to: Coronary Occlusion, Arteriosclerosis

Duration: 2 mo.

Due to: 94 W

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

9. Birthplace RED RIVER County TEXAS  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER

12. Name ANDREW JACKSON THOMAS

13. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA PHITMAN RICHARDSON

15. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy: none

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant DAVID B. PARK

(b) Address 452 EAST MEYER

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? \_\_\_\_\_

17. (a) BURIAL (b) Date thereof. DEC 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Paul B. Brown (M. D. or other) MD.  
Address 924 Park Blvd. K.C. Mo. Date signed 12-13-43

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-14-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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

Mr. Frank Leitz  
424 Prof. Bldg.  
11-15 VI-3650

**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..... *Carole M. Colburn* .....

Licensed Embalmer No. *3506* .....

P. O. Address..... *KC Mo* .....

**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.**