

FILED DEC 22 1943

State File No. _____
Registrar's No. **5146**

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:
General Hosp. No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-30-43 - 12-1-43
In this community 30 years
years, months or days (Specify whether)

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. 2119 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACK THORNTON

MEDICAL CERTIFICATION

3. (b) If veteran War with Spain name war _____
3. (c) Social Security No. none

20. DATE OF DEATH: Month December day 1
year 1943 hour 11:10 minute _____ P. M.

4. Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 15 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 30, 1943, to December 1, 1943;
that I last saw him alive on December 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____

8. AGE: Years 77~~88~~ Months 8 Days 16 If less than one day _____ hr. _____ min.

Due to Malignancy of unknown origin

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Due to Carcinomatosis Site unknown
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Unemployed

Major findings: 552
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Don't know
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hosp. #2

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 (burial, cremation, or removal) (b) Date thereof 12-7-43
(Month) (Day) (Year)
(c) Place: Wentworth Kern

18. (a) Signature of funeral director W. E. Greenstreet
(b) Address 1819 E. 15th Kern
19. (a) 12-6-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. E. Greenstreet (M. D. or other)
Address Don't know 12-6-43 Date signed 12-2-43

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

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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. 2211

P. O. Address 1819 E. 15th

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.