S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6364

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 531

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: 5733 Grand, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5733 Grand,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 1

3. (a) PRINT FULL NAME Judge William O. Thomas,

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

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lelia Thomson
6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased January (Month) 18 (Day) 1857 (Year)

8. AGE: Years 87 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Judge

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Jessie Lee Thomas,
(b) Address 5733 Grand Ave., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) Feb 1, 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1944 hour 7:00 minute p. M.

21. I hereby certify that I attended the deceased from Dec 4, 1943 to Jan 31, 1944 that I last saw him alive on Jan 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Mortic Regur. — Duration 2 mos
Due to Genl Arteriosclerosis — Years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 92

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 0

23. Signature David B Robinson (M. D. or other)
Address 928 Prof Bldg Date signed 2-1-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dave Robinson and Dr. Hess
Proff Beale

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K C 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.