

FILED MAR 18 1944

State File No.

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1003

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:
1636 CRYSTAL AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 MONTH
years, months or days)

3. (a) PRINT FULL NAME BARBARA NELL THOMAS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 12 1944
(Month) (Day) (Year)

8. AGE: Years 7 Months 1 Day 20 If less than one day
hr. _____ min. _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name RALPH THOMAS

13. Birthplace MOUNTAIN GROVE MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ALICE TEEBERS

15. Birthplace HARDY ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MR. RALPH THOMAS

(b) Address 1636 CRYSTAL AVENUE

17. (a) BURIAL (b) Date thereof MAR 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. X. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 3-2-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

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. 1636 CRYSTAL AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1 ST
year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 28, 1944, to MAR 1, 1944,
that I last saw her alive on MAR 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Suffocation
Due to Tobax Pneumonia

Due to acute Coryza

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (r) Means of injury _____

23. Signature S. J. Welch (M. D. or other) MD
Address 2608 Daley Ave Date signed 3/2/44

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

MOTHER FATHER

108

KC MO

2608 Judgement
2:30.5

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 *Ernie M. Colborn*

Licensed Embalmer No. *3506*

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.