

FILED JAN 4 1945  
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5221**

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: **East Ballrooms**  
(If not in hospital or institution, write street number or location) **3**  
(d) Length of stay: In hospital or institution **3** (Specify whether)  
In this community **40 yrs** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1259 Bunker** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Scott F. Thomas**

3. (b) If veteran, name war

**no.**

3. (c) Social Security No.

**702-12-0584**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary E. Thomas**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **December 3** (Month) **1890** (Day) (Year)

8. AGE:

Years **54** Months **0** Days **21/6** If less than one day hr. min.

9. Birthplace

**Salem Oregon** (City, town, or county) (State or foreign country)

10. Usual occupation

**Switchman**

11. Industry or business

**K.C. Southern Ry**

MOTHER FATHER

12. Name

**Willis Thomas**

13. Birthplace

**Unknown** (City, town, or county) (State or foreign country)

14. Maiden name

**Louisa Jane Tibbets** (City, town, or county) (State or foreign country)

15. Birthplace

**Unknown.** (City, town, or county) (State or foreign country)

16. (a) Informant

**Miss Mary E. Thomas**

(b) Address

**1259 Bunker, K.C.Ks.**

17. (a) Removal

(b) Date thereof **12-22-44** (Month) (Day) (Year)

(c) Place: burial or cremation

**Highland Park, K.C.KS**

18. (a) Signature of funeral director

**Cade Bros**

(b) Address

**1416 Minn Ave, K.C.K.**

19. (a)

**12-22-44** (Date received local registrar)

(b)

**N. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19** year **1944** hour **1225** minute **A** M.

21. I hereby certify that I attended the deceased from

that I last saw him **in person** and that death occurred on the date and hour stated above.

Immediate cause of death

**Railroad Traumatism**

Due to

**Crushed between 2 A. B. cars.**

Due to

**169-6**

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **History & Inspection**

Of autopsy **no**

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) **accident** **123**

(b) Date of occurrence **12-19-44 12:25 am**

(c) Where did injury occur? **Kansas City, Jackson Co** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Railroad yards**

(e) Means of injury **Railroad** (Specify type of place)

While at work? **yes**

23. Signature **Jacques M. Hall** (M. D. or other)

Address **1424 1/2 W. 11th St.** Date signed **12-18-44**

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

48  
3  
8

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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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kans City Kans

**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.**