

FILED MAR 3 1945
Registration District No. 1002

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: 1008 Valentine Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 5 years 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. 1008 Valentine Rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. NAOMIA G. THOMAS
(b) If veteran, name war XX
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 10th
year 1945 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from 10 1945 to 2-10 1945
that I last saw her alive on 2-9 1945
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife John G. Thomas
(c) Age of husband or wife if alive XX years
7. Birth date of deceased: November 9 1861
(Month) (Day) (Year)

Immediate cause of death: Coronary occlusion
Due to arteriosclerosis
hypertension
Due to 94a
Other conditions (Include pregnancy within 3 months of death) 94a

8. AGE: Years 83 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Green Castle Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

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

MOTHER FATHER

11. Industry or business Judge Samuel Grigsby
12. Name Judge Samuel Grigsby
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Julia Greenstreet
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Don Carlos Guffy
(b) Address 1008 Valentine Road
17. (a) Burial (b) Date thereof 2-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harris, Mo.
18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 2-11-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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) Means of injury —
23. Signature P. E. Brown (M. D. or other)
Address Kansas City, Mo. Date signed 2/11/45

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

924
11-8481
N.H. 755

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.