

FILED MAR 7 1945
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

861

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:
2700 Tracy Court Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 weeks
as above (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. 216 East Park,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 7.

3. (a) PRINT FULL NAME Miss Zoe Thomas

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

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 20 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 29 If less than one day
hr. min.

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

10. Usual occupation Retired
11. Industry or business School Teacher

MOTHER FATHER

12. Name Stephen Thomas
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Margaret Danner
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Lucy Thomas
(b) Address 3926 Wyandotte, Kansas City, Mo.
17. (a) Removal (b) Date thereof 2-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas

18. (a) Signature of funeral director Stirn & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-21-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 19th
year 1945 hour 10:30 P. minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Bronchopneumonia

Due to Fracture Rt. Leg - 2 autos.

Other conditions (Include pregnancy within 3 months of death) 170C-8

Major findings: Of operations Histology & I. & J. section
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov. 12-1944
(c) Where did injury occur? 3 miles east of Olathe, Kansas
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury Automobile
23. Signature J. J. ... (M. D. or other) 3
Address 1424 W. ... Date signed 2-20-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 1413

P. O. Address. 17 @ 128

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.