

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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:
1828 Jarboe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1828 Jarboe 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Lee Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry Thomas

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

7. Birth date of deceased May 1, 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1946 hour 2 minute A M.

21. I hereby certify that I attended the deceased from March 7th, 1946 to March 9th, 1946.
that I last saw her alive on March 7th, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 10 8 hr. min.

Immediate cause of death Bronchopneumonia Duration _____

Due to Hypertension and Cerebrovascular accident.

Due to Above

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

10. Usual occupation At home

11. Industry or business _____

12. Name Green Martin

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

14. Maiden name Mary

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

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Buckner

(b) Address 2216 Woodland

17. (a) Burial (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Walter Bros

(b) Address 1729 Lydia

19. (a) 3-12-46 (b) Rosaline Holmes
(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) Cerebrovascular Accident.

(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 _____ (2) Years of injury _____

23. Signature George Staff (M. D. or other) M.D.
Address 2123 E. 15th St. Date signed 3/12/46

Dr. Saft

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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2505 Highland*

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.