

FILED JUN 3 1946

STANDARD CERTIFICATE OF DEATH

State File No. **16880**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2293**

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: Research Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 16 min (Specify whether years, months or days)

In this community 16 min

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jackson

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

(d) Street No. 7035 Chestnut
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Baby 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 May 17, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 16 min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Maywood Grey Thomas Sr.

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

14. Maiden name Mary Louise Coans

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

16. (a) Informant Mrs. Mary Thomas

(b) Address 7035 Chestnut K.P. Mo.

17. (a) Cremation (b) Date thereof May 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hoop

18. (a) Signature of funeral director Research Hoop

(b) Address N.C. Mo.

19. (a) 5-22-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 4 minutes 30 A.M.

21. I hereby certify that I attended the deceased from May 17, 1946 to May 17, 1946 that I last saw her alive on May 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings: Of operations 159

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)

Means of injury D

23. Signature Theresa White (M. D. or other) _____
Address 1124 Poplar St signed 5/19/46

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.....

P. O. Address.....

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.