

FILED SEP 4 1946

Registration District No. 15

Primary Registration District No. 5573

State File No. _____

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 mi west 1
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 75 yrs
years, months or days

3. (a) PRINT FULL NAME Charles S. Thomas
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 2 - 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Blue Springs mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer
12. Name Chas F. Thomas
13. Birthplace va
(City, town, or county) (State or foreign country)
14. Maiden name Shuster
15. Birthplace Lexington mo
(City, town, or county) (State or foreign country)

16. (a) Informant Woodrow Thomas
(b) Address Blue Springs mo
17. (a) Burial (b) Date thereof 8-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs mo

18. (a) Signature of funeral director W. G. B. White, Son
(b) Address Blue Springs mo
19. (a) 8-21-46 (b) Mrs. John Lawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Blue Springs - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi west
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1946 hour 10 minute a 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 Reputy Coronary Arteriosclerosis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy History & Inspection
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)
(e) Means of injury _____
23. Signature W. G. B. White (M. P. No. 1013)
Address 280 Main Date 8/21/46

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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..... *R Beckett*

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs 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.