S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16553

FILED JUN 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2212

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: 4024 Chestnut 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 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. 4024 Chestnut 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Veatrice E. Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joe W. Thomas

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

7. Birth date of deceased October (Month) 13th. (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Harris (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm. H. Mundork
13. Birthplace ..... (City, town, or county) Scotland (State or foreign country) 4

MOTHER
14. Maiden name Sarah E. Watson
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Carl J. Thomas
(b) Address 4024 Chestnut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Harris, Missouri

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 5-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th. year 1948 hour 8:12 minute P M.

21. I hereby certify that I attended the deceased from June 29, 1946, to May 25, 1948, that I last saw her alive on May 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Stomach	Indefinite
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D P Klepinger (M. D. ~~or other~~) 0

Address 500 Argyle Bldg KC Mo Date signed 5/26/48

(Licensed Embalmer's Statement on Reverse Side)

Angle Bldg, 1-6 P.M.

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.