

FILED JAN 15 1949
 Registration District No. 149

Primary Registration District No. 1002

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: Wheatley Providence Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
 In this community 55 Years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Thomas L. Flood

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 7, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Amanda Bailey

(b) Address 2626 Bellfountaine

17. (a) Burial (b) Date thereof 1/3/49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 12-31-48 (b) M. Waldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2626 Bellfountaine
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
 year 1948 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from Feb 1
 _____, 1948, to Dec 29, 1948.
 that I last saw him alive on Dec 29, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 10 mo.

Due to uremia 72 hr.

Due to _____

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

Major findings: Of operations 13/15

Of autopsy _____

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? _____

J. Arthur Hibbler II (Specify type of place) _____
 While at work? (e) Means of injury _____

23. Signature J. Arthur Hibbler II (M. D. or other) _____

Address 2434 King Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Dr. H. H. H. H.

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 Bruce Riley
Licensed Embalmer No. 4500
P. O. Address 2506 Butler Blvd

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.