

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8934**

FILED APR 10 1957

1344

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1344

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (In this place) 40 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Tuberculosis Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Willie Bee Thomas		a. (First) Willie b. (Middle) Bee c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) MARCH 21 1957
5. SEX Female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Aug. 6, 1916
9. AGE (In years last birthday) 40	IF UNDER 1 YEAR: Months 3 Days 19	IF UNDER 24 HRS. Hours 19 Mins.	11. BIRTHPLACE (City and State or Foreign Country) Tulsa OKla.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker		10b. KIND OF BUSINESS OR INDUSTRY Laundry	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Tres Miller		13b. MOTHER'S MAIDEN NAME Lucy Thomas	14. NAME OF HUSBAND OR WIFE Joe Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 474-14 4962	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Mary Butler 646 Winona K.C. Kansas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Tuberculosis	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>57</u> , to <u>3-21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>57</u> and that death occurred at <u>3:40</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward P. Altmore M.D.		23b. ADDRESS K.C. T.B. Hospital	23c. DATE SIGNED 3-21-57
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/25/57	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) K.C. Wyandotte, Kans.
DATE REC'D BY LOCAL REG. 3.22.57	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bailey Funeral Home, K.C. Kansas	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altmore

No. 300
10.48

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.