

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1246

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 259
(c) City Kansas City (d) Street No. 4201 Agnes Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence H. Thomas

(a) Residence, No. 4201 Agnes Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna L. Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisFATHER 13. NAME Hiram Thomas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Anna L. Thomas
(ADDRESS) 5544 Euclid Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1/21/3919. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City Missouri20. FILED Jan 21, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 193922. I HEREBY CERTIFY, that I attended deceased from May 38, 1938 to Jan 10, 1939I last saw him alive on Jan 10, 1939 Death is saidto have occurred on the date stated above, at 230

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypostatic
Pneumonia

Date of onset 9/20

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 19.....Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury YNature of injury V24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Thomas, M. D.(Address) 1083 Cherry Bldg

1130-12
400-5

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,

James Freeman

or by

Registered Apprentice No....., working under my personal supervision.

Signed *James Freeman*

Licensed Embalmer No. 2939

P. O. Address F. O. M.

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, above space should be left blank.