

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 970

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:
3930 Vineyard Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 weeks
years, months or days

3. (a) PRINT FULL NAME Robert Ridley Thomas 520

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

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

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

7. Birth date of deceased March 12, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 17 If less than one day _____
hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Thomas 9

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. L. Schuler
(b) Address 1730 Dyer, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Feb 1, 1940 (Date received local registrar) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Malta Bend
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1940 hour 5:22 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1940
to Feb. 29, 1940
that I last saw him alive on Feb. 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Fibroid Myocarditis

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature M. M. Browne (M. D. or other) no
Address Kansas City, Mo. Date signed 2-29-40

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

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 _____

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 this body is not embalmed, above space should be left blank.

8700
1130-12
Brownington