

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 11267APR 23 1940
Registration District No. 404Primary Registration District No. 5558Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9724 Wornall Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Sherman Thomas3. (b) If veteran, name war ----- 3. (c) Social Security No. 520-----4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Anna Mary Thomas 6. (c) Age of husband or wife if alive ----- years7. Birth date of deceased November 23, 1866
(Month) (Day) (Year)8. AGE: Years 73 Months 4 Days 4 If less than one day hr. ----- min. -----9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Retired12. Name Abraham Thomas13. Birthplace Indiana
(City, town, or county) (State or foreign country)14. Maiden name Julia White15. Birthplace Indiana
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Anna Mary Thomas(b) Address 9724 Wornall Rd.17. (a) burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Olathe, Kansas18. (a) Signature of funeral director John Funeral Home(b) Address Kansas City, Kansas19. (a) 4-9-40 (b) R.V. Lindsey & Sons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 9724 Wornall Road
(If rural, give location)

(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1940 hour 10 P. minute ----- M.21. I hereby certify that I attended the deceased from March 21, 1940, to March 27, 1940, and that death occurred on the date and hour stated above.that I last saw him alive on March 27, 1940.Immediate cause of death Cardiac degeneration Duration 1 week1. Myocardial degenerationarterial hypertension 10 yrsDue to Broncho pneumoniaabout 4 days withDue to pleural effusion (aspirated) 3 daysOther conditions Influenza several weeks ago

(Include pregnancy within 3 months of death)

Major findings: 43 COf operations -----Of autopsy -----

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? 3 (b)
(Specify type of place)While at work? ----- (e) Means of injury -----23. Signature Herbert Tutthill M.D. (Date or other)Address 1125 Rialto Bldg Date signed March 28 1940

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 Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815 W 41 st

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.