

S. No. 2
11-10-39
5-17-39
VI 23129

AUG 14 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2804

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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME ADELINE THOMAS 520
3. (b) If veteran, No **3. (c) Social Security** No
 name war. No No. No

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, Widow
 divorced Widow
6. (b) Name of husband or wife Samuel E. Thomas **6. (c) Age of husband or wife if**
 alive years
7. Birth date of deceased 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months X Days X If less than one day
 hr. min.

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

10. Usual occupation At Home

11. Industry or business
MOTHER: FATHER:
 { **12. Name** H.J. Lewis
 { **13. Birthplace** Scotland
 { **14. Maiden name** Catherine Keegan
 { **15. Birthplace** New York
(City, town, or county) (State or foreign country)

16. (a) Informant T.J. Lewis
(b) Address 2324 Madison

17. (a) Burial **(b) Date thereof** 7/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 2315 Linwood Blvd

19. (a) July 11, 1940 **(b) M.M. Crowe**
(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. 7565 Walnut St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
 year 1940 hour 12 minute 20 A M.

21. I hereby certify that I attended the deceased from June 20th, 1940, to July 5th 1940, 19 ;
 that I last saw her alive on July 5th, 1940, 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant melanosis of Duration
of skin with generalized metastases

Due to 57

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy None

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?

23. Signature [Signature] **(M. D. or other)**
(Specify type of place) (e) Means of injury

Address Med. Dir. K. Gen. Hosp Date signed

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.....

R. E. Simon

Registered ^{Emb.}~~Apprentice~~ No. *2560*

working under my personal supervision.

Signed.....

W. M. Ayberry

Licensed Embalmer No. ~~2560~~ *2934*

P. O. Address *2315 Linwood 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, above space should be left blank.