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1-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27740**

SEP 3 1940 399

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **3374**

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:  
4711 Holmes Street **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. --- (Specify whether  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

**0**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4711 Holmes Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th  
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 13 1928 to Aug 26 1940  
that I last saw him alive on Aug 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with abdominal metastasis. **2 yrs.**  
Due to 46

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury! \_\_\_\_\_

23. Signature Joseph E. Walker (M. D. or other M.D.)  
Address 836 Professional Bldg Date signed 8/27/40

3. (a) PRINT FULL NAME Mr. William R Thorp **610**

8. (b) If veteran, name war 710 3. (c) Social Security No. 495-09-5045

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

6. (b) Name of husband or wife Mrs. Jessie Thorp 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 22 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Jeweler

11. Industry or business Cady & Olmstead

MOTHER, FATHER { 12. Name Unknown Thorp  
13. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis R Thorp  
(b) Address 4711 Holmes

17. (a) Burial (b) Date thereof Aug 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. N. Newcomer Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 27, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Kansas City, Mo.

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

1:30 - 4:30

**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

*George M. Collie*

Licensed Embalmer No. 3839

P. O. Address K. C. Mo.

**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.**