. No. 2
-4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34335

Registration District No. 1002 Primary Registration District No. Registrar's No. 3851

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 Days (Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 632 East 97th Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Geraldine Roach Thomas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Herman D. Thomas

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased September (Month) 25 (Day) 1920 (Year)

8. AGE: Years 20 Months 0 Days 7 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business -----

FATHER 12. Name Dean S. Roach

FATHER 13. Birthplace Kewanee (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name Helen Clausen

MOTHER 15. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mr. Herman D. Thomas

(b) Address 632 East 97th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-4-40 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1940 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 24 1940, 19..., to ~~Sept 2~~ Oct 2 1940, 19..., that I last saw her alive on Oct. 2 1940, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Oedema	3 da
Due to: Streptococcus Septicemia	35 da
Due to: Incomplete Abortion Induced	?
Other conditions (Include pregnancy within 3 months of death): see above	

Major findings:
Of operations 140
Of autopsy Streptococcus Septicemia

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? (Specify type of place)

While at work? No (e) Means of injury ~

23. Signature F B Wallace (M. D. or other)

Address 703 Lathrop Bldg Date signed 10/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.