

FILED JAN 8 1941

Registrar's No. **4759**

Registration District No. **399**

Primary Registration District No. **1002**

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:  
5544 Euclid Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 5704 Yearsid Avenue (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Lenora 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 Widowed

6. (b) Name of husband or wife Mr. Clarence H. Thomas 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased November 23 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name James K. Christensen

13. Birthplace Denmark  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hampton

15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Rehorn

(b) Address 5544 Euclid Avenue

17. (a) Burial (b) Date thereof Dec. 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Bl. Wd.

19. (a) 12/14/40 (b) M. M. Brown  
(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. 5544 Euclid Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th  
year 1940 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 1930  
\_\_\_\_\_ 19\_\_\_\_ to July 1940  
that I last saw her alive on Sept. 9 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to Carcinoma of uterus 2 yrs

Due to \_\_\_\_\_ 48

Other conditions Arteriosclerosis 10 yrs  
(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? \_\_\_\_\_

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

23. Signature Ernie N. Villalobos (M. D. or other)  
Address 215 Plaza Med Bldg Date signed 12/13/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11-1-2-5

Dr. Elisha Wilke  
Plaza Med. Bldg.

**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. Collier

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.**