FILED JAN 25 1941

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42822

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Jackson Wash. Twp.

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

(c) Name of hospital or institution: 8032 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 26 years

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. 8032 Garfield
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Frederick Close

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Alice Close

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. (Month) 20 (Day) 1894 (Year)

8. AGE: Years 46 Months 4 Days 0 If less than one day ____ hr. ____ min.

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

10. Usual occupation Paint Mills

11. Industry or business Sewall Paint & Varnish Co

FATHER
12. Name Thomas C. Close
13. Birthplace - (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Anna Walters
15. Birthplace - (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Dora Alice Close
(b) Address 8032 Garfield

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 12-30-40 (Date received local registrar) (b) R. V. Lindsey & Sons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1940 hour 8 minute 40 PM M.

21. I hereby certify that I attended the deceased from Nov 2, 1940 to Dec 20, 1940 that I last saw him alive on Dec 20, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J F Mackey (M. D. or other)
Address Professional Bldg Date signed 12-23-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Drew
12th Prospect
812 West 72nd
W.

APR 29 1948

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 Roscoe K Keeler

Licensed Embalmer No. 3738

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.