. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13396

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1277

48
3
8

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: 635 East 45th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri, (b) County Jackson, 5
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 635 East 45th St., 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Mrs. Carrie R. Thwing,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Frederick H. Thwing,

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

7. Birth date of deceased April (Month) 8th (Day) 1864 (Year)

8. AGE: Years 76 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Pennsylvania, / (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business Lyman T. Randall,

FATHER
12. Name Lyman W. Randall,
13. Birthplace New York, / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delia Burchard,
15. Birthplace Pennsylvania, / (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Havens,
(b) Address 635 East 45th St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 7 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th, year 1941 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from March 4, 1935, 19..., to Apr 5 1941; that I last saw he alive on Apr 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	3 days
Due to Cerebral Hemorrhage	1 yr
Diabetes mellitus	2 yrs
Due to Arterio sclerosis.	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature Kip Robinson (M. D. or other)
Address 928 Professional Bldg, K. C. Mo. Date signed Apr 5, 41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kip Robinson, POFF 1 PM

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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