

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

13660

1641

Registration District No. 299Primary Registration District No. 1002

Registrar's No.

## 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:  
1027 Harrison St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 30 years  
 years, months or days

3. (a) PRINT FULL NAME George Thomas

3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
Spanish American

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3 13 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington County Texas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Matthew Thomas  
 { 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Lula Vann  
 { 15. Birthplace Morgan County Georgia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lula Merrill (Mother)  
 (b) Address 1027 Harrison

17. (a) Burial (b) Date thereof 4-26-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Adkins Bros.  
 (b) Address 2000 E. 12th St. K.C. Mo.  
 19. (a) Apr 24 1941 (b) M. M. Crown  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1027 Harrison  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23  
 year 41 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 4-22- 1941, to 4-23- 1941;  
 that I last saw him alive on 4-23- 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
~~158~~

Due to Gangrene of Penis, Scrotum, and  
Lower Abdominal Wall.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Above Mentioned

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Gen. Hosp. # 2 Date signed 4-25-41

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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STATE OF VIRGINIA

**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.....

*Edw. G. Coano*

Licensed Embalmer No. *3836*

P. O. Address.....

**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.**

No. 23  
1-40  
RECORD

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 13660  
Registrar's No. 1641

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town K.C.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME George Thomas  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife ..... 6. (c) Age of husband, or wife, if alive ..... year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name  
13. Birthplace (City, town, or county) (State or foreign country)

{ 14. Maiden name (City, town, or county) (State or foreign country)  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 4/24/41 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State ..... (b) County .....  
(c) City or town ..... (If outside city or town limits write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ..... years.

20. DATE OF DEATH Month Apr. day 23 - 41 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw h. .... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death 2 year Penis

Due to Gangrene - Penis  
Prostatitis + abd. wall  
Due to Urethral Stricture  
Retention & Extravasation of Urine  
in Perineum  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy ..... 10

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 ..... (M. D. or other) .....  
Address ..... Date signed .....

SUPPLEMENTARILY

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

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

