

FILED MAY 10 1941 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Budan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME KATE GRACE THOMAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife ROY THOMAS 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 9 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Cooper

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

14. Maiden name Melissa Ryan

15. Birthplace Quincy, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Thomas

(b) Address Butler, Mo.

17. (a) burial (b) Date thereof Apr 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap Hill

18. (a) Signature of funeral director Charles Cooper

(b) Address Butler, Mo. 53

19. (a) April 10 41 (b) Nona L. Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1941 hour 12: 15 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1st
1941 to April 8 1941;

that I last saw h. _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary occlusion

Due to _____

Other conditions Chronic myocarditis
(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? _____

(Specify type of place) While at work? _____ (f) Means of injury _____

23. Signature Wm. A. Cook Jr. (M. D. _____)

Address Butler, Mo. Date signed 4/10/41

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

RECEIVED

District Health Officer No. 74

District File Number 5-41-810

Date Filed 5-8-41

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

R. Stanton Lewis

Licensed Embalmer No. 4123

P. O. Address Butler, 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, fact should be so stated above.