

JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17064**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1726**

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:  
**2932 Woodland Avenue /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Elizabeth Catherine Thomas**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **-----**

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

7. Birth date of deceased **October 20 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **10** If less than one day **-----** hr. **-----** min.

9. Birthplace **Hickman County / Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Charles Henry Thomas**

13. Birthplace **Marion County / Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Ellen Mills**

15. Birthplace **St. Charles / Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. James Cochrane**

(b) Address **St. Paul, Kansas**

17. (a) **Burial** (b) Date thereof **May 2, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. St. Mary's Cem.**

18. (a) Signature of funeral director **O. H. Neocome's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **May 1, 1941** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **4/8**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **2932 Woodland**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th**  
year **1941** hour **9** minute **32 P. M.**

21. I hereby certify that I attended the deceased from **10 - 19 - 1940** to **4 - 30 - 1941**  
that I last saw him **4 - 16 - 1941** alive on **-----** and that death occurred on the date and hour stated above.

Immediate cause of death **metastatic carcinoma of breast**

Due to **-----**

Due to **-----**

Other conditions **50**  
(Include pregnancy within 3 months of death)

Major findings: **Ca. of Breast Primary**

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) **no**

(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 **R. H. Claffey** (M. D. or other) **-----**

Address **1103 Grand** Date signed **5/1/41**

*Dr. Southwick*  
13 & 4 Professional Bldg.  
12.30.4.30

*Thomas*

*Dr. Coffey*  
RR

**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..... *C. Hervey Quisenberry*

Licensed Embalmer No..... *4070*

P. O. Address..... *A. 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, fact should be so stated above.**