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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

1941 STANDARD CERTIFICATE OF DEATH

State File No. 20842

Registration District No. FILED JUL 7 399

Primary Registration District No. 1002

Registrar's No. 2372

048 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: The George H. Nettleton Home.
(If not in hospital or institution, write street number or location)

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

In this community: Since August 23, 1930.

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.: George H. Nettleton Home, 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: Miss Mamie E. Thomas.

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: April (Month) 26, (Day) 1858 (Year)

8. AGE: Years 83 | Months 1 | Days 25 | If less than one day: hr. min.

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

10. Usual occupation: at home.

11. Industry or business: x x

MOTHER FATHER

12. Name: Louis H. Thomas.

13. Birthplace: Illinois. (City, town, or county) / (State or foreign country)

14. Maiden name: Hannah Kelley.

15. Birthplace: New York. (City, town, or county) / (State or foreign country)

16. (a) Informant: The George H. Nettleton Home.

(b) Address: 5125 Swope Parkway, Kansas City, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 6-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Chillicothe Mo.

18. (a) Signature of funeral director: Stine & McClure Und. Co.

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 6/22/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1941 hour 4:24 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 1941, to June 21, 1941 that I last saw h. alive on June 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration

Due to: Fracture right femur through surgical fracture.

Due to: Patent Hypertension

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 10/10/41 1/8/41

Of autopsy: 1/4/41

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): Accident

(b) Date of occurrence: June 9 1941

(c) Where did injury occur? 5125 Swope Parkway (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell down stairs in G. H. Nettleton Home (Specify type of place)

While at work? No (e) Means of injury: fall against wall

23. Signature: John L. Lapp (M. D. or other) M. D.

Address: 1314 Professional Bldg. Date signed: June 21, 41

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lapp

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.....

Licensed Embalmer No. 1413

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.