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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27592
Registrar's No. 3250

Reg. District No. **100**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2914 Campbell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 Years** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **2914 Campbell**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

3. (a) PRINT FULL NAME **Ovington W. Thomas**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Eliza Thomas** 6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **March 26, 1854**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **1** If less than one day hr. min.

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

10. Usual occupation **Stationary Engineer**

11. Industry or business

12. Name **Don't know**
13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**
15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. L. Crooke**

(b) Address **3641 Indiana**

17. (a) **Burial** (b) Date thereof **8-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **8/29/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27th**
year **1941** hour minute **6 P** M.

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

Immediate cause of death **Coronary Occlusion**

Due to **Coronary Occlusion**

Due to **Coronary Occlusion**

Other conditions **9/1/41**
(Include pregnancy within 3 months of death)

Major findings: Of operations **9/4/41**

Of autopsy

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) (e) Means of injury

23. Signature **Russell W. Ben** (M. D. or other) **3**

Address **RCWA** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Ernest E. Wiseman*

Licensed Embalmer No. *481*

P. O. Address *Kansas City, 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.