

Registration District No. 149

Primary Registration District No. 1002

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: Research Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. (Specify whether
In this community 3 mo. years, months or days)

3. (a) PRINT FULL NAME Jennie Thomason

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marion Thomason 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug 28 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 029 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business At home

12. Name William I Adams
13. Birthplace Unknown Mo O (City, town, or county) (State or foreign country)
14. Maiden name Jo Adams
15. Birthplace Unknown Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E G Jackson
(b) Address Kansas City, Mo.
17. (a) Removal (b) Date thereof Oct 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kearny, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address 119 E Franklin St Liberty Mo
19. (a) 10-28-42 (b) M. M. G. Jove (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. 114 Leonard (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1942 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Jan 1936 to Oct 28 1942
that I last saw her alive on Oct 27 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Ovary Duration 2 yrs
Due to 470

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Liberty, Mo Date signed: 10/28/42

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

48
0900

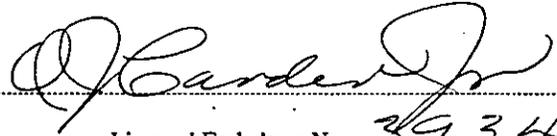
STATEMENT BY LICENSED EMBALMER

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. 3934

P. O. Address Liberty, 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.