

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 800

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: O.K. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: 2 to 28 days (Specify whether In hospital or institution)

In this community 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles L. Thomas

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Apr 23 1937
(Month) (Day) (Year)

8. AGE: Years 5 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Harshel O. Thomas

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

14. Maiden name Mary E. Wilson

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

16. (a) Informant Harshel O. Thomas

(b) Address 3531 Euclid

17. (a) Removal (b) Date thereof 2/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director Agnew-Murphy

(b) Address 2315 Franklin

19. (a) 2-15-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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. 3531 Euclid (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-16-42, 19____ to 2-13-43, 19____; that I last saw him alive on 2-13-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Epidemic Encephalitis

Due to 37c

Due to _____

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

Major findings: Of operations _____

Of autopsy see above

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 _____

23. Signature Dr. R. P. Thomas (M.D. or other) _____

Address Med. Dir. K. P. General Hospital Date signed _____

48
2
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 _____

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address R E T M

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.