

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. _____
923

FILED MAR 5 1943

Registration District No. 49Primary Registration District No. 1002

Registrar's No. _____

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:
K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days (Specify whether
 In this community 10 yrs (Specify whether
 years, months or days)

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. 2338 1/2 Bellefontaine
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Thrift3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 19 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 1 _____ hr. _____ min.9. Birthplace Kansas
(City, town, or county) (State or foreign country)10. Usual occupation Homemaker11. Industry or business at home12. Name Charles M. Woodward13. Birthplace N.Y.
(City, town, or county) (State or foreign country)14. Maiden name Margaret Langley15. Birthplace 3 Rivers Mich
(City, town, or county) (State or foreign country)16. (a) Informant Chas M Thrift(b) Address 2846 12 St17. (a) Burial (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Floral Hill Cem18. (a) Signature of funeral director C.H. Bleckman(b) Address 2425 9th ave19. (a) 2/22/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)23. Signature Dr. R. Johnson (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1943 hour 12 minut 15 A.M.21. I hereby certify that I attended the deceased from 2-10-43 19____ to 2-20-43 19____;
that I last saw her alive on 2-20-43 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Post operative thyroidectomy with
congestion and edemaDue to Colloid goitreDue to 630Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations See aboveOf 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 _____

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

H. O. Blackman

Licensed Embalmer No.

3639

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, fact should be so stated above.