V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9325

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1179

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: 2631 Euclid /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2 6

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2631 Euclid
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Serena Williams Thomas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife George H. Thomas

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

7. Birth date of deceased October (Month) 30, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	4	3	..... hr. ..... min.

9. Birthplace Darlington (City, town, or county) S. C. / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Lea
13. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace ..... (City, town, or county) S. C. / (State or foreign country)

16. (a) Informant Grace Young Jefferson
(b) Address 2631 Euclid

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 3-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 17, 1943, to Mar. 3, 1943
that I last saw her alive on Mar. 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	20 days
Due to 92	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	2 yrs.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. M. Miller (M. D. or other)
Address 1605 E. 18 - Kc. Mo Date signed 3-6-43

(Licensed Embalmer's Statement on Reverse Side)

D. W. Miller.

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.....J. Jerome Manlove.....

Licensed Embalmer No.....3994.....

P. O. Address.....2503 Highland.....

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.