V. S. No. 2
00M—2-43
5-17-39
1 X35697

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

17161

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1943

Registration District No. 949

Primary Registration District No. 1002

State File No.

Registrar's No. 2253

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ WKS (Specify whether
In this community 3½ weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999

(c) City or town Alva 34
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Lawrence Southern

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 Single

6. (b) Name of husband or wife ------

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

7. Birth date of deceased February (Month) 26 (Day) 1930 (Year)

8. AGE: Years 13 | Months 2 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At School

11. Industry or business

FATHER
12. Name Louis O. Southern
13. Birthplace Hoisington (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Mary Ann Provost
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Louis O. Southern
(b) Address Alva, Oklahoma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Alva, Oklahoma

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) May 15/1943 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 4 minute 48 A.M.

21. I hereby certify that I attended the deceased from April 23, 1943, to May 15, 19__;
that I last saw him alive on May 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Leukemia (Monocytic?)	6 wks
Due to	
Due to 74a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Acute Leukemia

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 Joseph E. Welker (M. D. or other) MD
Address 836 Prof. Bldg Date signed 5/15/43

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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 Lawrence N. Schulz

Licensed Embalmer No. 3473

P. O. Address Joplin 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.