

JUN 30 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

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

(d) Length of stay: In hospital or institution 5 Days
In this community 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS KING

3. (b) If veteran, No name war

3. (c) Social Security No. No

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Hannah King

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: August 11th, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cooper

11. Industry or business Don't Know

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Sam King

(b) Address 3914 Norledge Ave K.C. Mo.

17. (a) Burial (b) Date thereof 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Kansas City Mo.

19. (a) 6-15-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 704 Lydia
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 43 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 9, 1943 to June 13, 1943
that I last saw him alive on June 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 1 day

Due to arteriosclerosis

Due to Other conditions

Other conditions (Include pregnancy within 3 months of death)
Biliary obstruction - cause?

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) (Means of injury)

23. Signature [Signature] (M.D. or other)
Address [Address] Date signed 6/14/43

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.....

Louis
Licensed Embalmer No.....

3110

P. O. Address.....

K.C. 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.