S. No. 2
M—9-4-41
5-17-39
1 3-1-40

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20642

State File No.

FILED JUN 30 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2753

1. PLACE OF DEATH:
(a) County: Jackson County
(b) City or town: K. C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18th & Sydney (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: 48 (b) County: 3
(c) City or town: 8 (If outside city or town limits, write "RURAL")
(d) Street No.: 2513 Troost (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: d

3. (a) PRINT FULL NAME: Mell Thomas
3. (b) If veteran, name war: NO
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married or divorced: ~~Married~~ Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 9 (Month) 23 (Day) 1905 (Year)
8. AGE: Years: ~~About 38~~ 37 Months: 8 Days: 23 If less than one day ____ hr. ____ min.
9. Birthplace: Phillips City (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: truck driver
11. Industry or business:
FATHER 12. Name: Get Thomas
FATHER 13. Birthplace: S. C. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Eliza
MOTHER 15. Birthplace: Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Cha. Thomas
(b) Address: Parsons Kans.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Parsons, Kans
18. (a) Signature of funeral director: Brady Funl. Home
(b) Address: 1708 Troost
19. (a) 6-18-43 (Date received local registrar) (b) T. O. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 16 year: 1943 hour: 1:30 minute: a M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____ that I last saw h____ alive on ____, 19____ and that death occurred on the date and hour stated above.
Deputy Coroner

Duration

Immediate cause of death: Homicide
Multiple Lacerations of Body.
Due to: Ext Hemorrhage
Due to:
Other conditions (Include pregnancy within 3 months of death): ~~Yes~~ No
Major findings:
Of operations:
Of autopsy: Ins/o

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): Homicide
(b) Date of occurrence: 6-16-43
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street (Specify type of place)
While at work? no. (e) Means of injury: Knife Trauma
23. Signature: L. P. Richardson (M. D. or other)
Address: 1832 Vine Date signed: 6-17-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.