7. S. No. 2
00M—2-43
ev. 5-17-39
I X3597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24107

State File No. 3170

Registration District No. 149

Primary 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: 638 Norton /
(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: 44 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

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

(d) Street No.: 638 Norton
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: IDA MAY THOMAS

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Fe.

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Frank

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

7. Birth date of deceased: August 29, 1868 (Month) (Day) (Year)

8. AGE: Years 74 | Months 10 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Laredo (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Homemaker

11. Industry or business: None

FATHER
12. Name: Anderson McKay
13. Birthplace: ____ (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name: Roxan a Finn
15. Birthplace: ____ (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant: Marie Lincoln
(b) Address: 6606 E. 7th St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookings Cemetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: 2825 Independence Blvd.,

19. (a) 7-19-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 9, 1943, to July 17, 1943 that I last saw her alive on July 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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): No

(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: H. T. Wilburley M.D. (M.D. or other)

Address: 1103 E. 31. K.C. Mo Date signed 7-18-43

(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 H D Blackman

Licensed Embalmer No. 3639

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.