

FILED OCT 13 1943
Registration District No. 1002/49

Primary Registration District No. 1002

State File No. 4180
Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: St. Luke
(d) Length of stay: In hospital or institution 23 days
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(d) Street No. R. 7 N. #2
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY EMMA THOMAN
(b) If veteran, name war No
(c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife George Thoman
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec 14 1865

8. AGE: Years 77 Months 9 Days 14
If less than one day hr. min.

9. Birthplace Kansas City, Mo.

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Phillip Reinhardt
13. Birthplace Germany
14. Maiden name Ludisa Jane Hauer
15. Birthplace Marysville Kentucky

16. (a) Informant Geo. Thoman

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Oct. # 43

(c) Place: burial or cremation Forest Hills, Kansas City

18. (a) Signature of funeral director T. C. Huerman

(b) Address Odessa, Mo.

19. (a) 10-1-43 (b) D. E. Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1
year 1943 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from 9-7 1943 to 10-1 1943
that I last saw her alive on 9-30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Branchio. pneumonia

Due to 99.2

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Amputation R. Leg.
Of operations 9-21-43 (Burgers)
Of autopsy Autopsy

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) (e) Means of injury

23. Signature E. Parsons D (M. D. or other)

Address Praga Med Bldg Date signed 10-1-43

Duration 5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

John A. Cantlon....., Registered Apprentice No. *356*
working under my personal supervision.

Signed..... *L. L. Gusman*.....

Licensed Embalmer No. *2541*.....

P. O. Address..... *Oelissa, 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.