

ED NOV 1 1943

Registration District No. **199**

Primary Registration District No. **1002**

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: **General Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days** (Specify whether
In this community **50 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2433 Highland** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Thomas White**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 hr. min.

9. Birthplace **Memphis Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **Unknwon**

12. Name **Unknwon**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **Gen. Hosp. #2**

17. (a) **Burial** (b) Date thereof **10-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Lawn ant.**

18. (a) Signature of funeral director **N. W. Thalerer**

(b) Address **1520 N. 5th St. K. C. Kans**

19. (a) **10-11-43** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **7**
year **1943** hour **8:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **9-30-43**
to **10-7-43**, 19____, to **10-7-43**, 19____;
that I last saw him alive on **10-7-43**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration

Due to **Chronic Nephritis**

Due to **Terminal Bronchopneumonia**

Other conditions **1318**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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 **N. E. Brown** (M. D. or other) **M. D.**

Address **General Hosp. #2** Date signed **9-43**

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

MOTHER FATHER

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 Nathan W. Thatcher.

Licensed Embalmer No. 2700

P. O. Address. 1520 W. 5th St. K.C. Kan.

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.