

FILED NOV 19 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4600

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:  
3560 Broadway-Ambassador Hotel-Apt. # 711  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
2 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ann Thomas

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 18 1937  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 7 9 hr. min.

9. Birthplace Fort Worth Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business De Iano School

12. Name Leonard C. Thomas

13. Birthplace Traer Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Keefe

15. Birthplace Brooklyn Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leonard C. Thomas

(b) Address 3560 Broadway-Ambassador Hotel

17. (a) Cremation (b) Date thereof Oct. 29, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-29-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Midland  
(c) City or town Midland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1106 West Missouri (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th  
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Oct 26 1943  
to Oct 27 1943  
that I last saw him alive on 5 43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bronchopneumonia  
(Primary)

Due to \_\_\_\_\_

Due to 107

Other conditions Cerebrospinal  
(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 H. M. Kelly, M.D. (M. D. or other)  
Address Professional Bldg. Date signed 10/28/1943

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

MOTHER FATHER

11-12  
Preparations only

**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 EM. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address KC 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.**