No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1782

FILED FEB 28 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 67

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:
Nicholson & Monroe St. Mo.Pac.Yards
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Months
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. 4121 St.John
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David Pink Thomas ~~Dave Thomas~~

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evalyn Thomas

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 25, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Lebanon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Car Inspector

11. Industry or business American Refrigerator Co.

FATHER
12. Name Elijah Thomas
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Amanda Lillard
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Evalyn Thomas
(b) Address 4121 St John St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cem.

18. (a) Signature of funeral director Geo H. Long
(b) Address Kansas City Kansas

19. (a) Jan 6, 1944 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 7 minute 25 A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Traumatic Injury of Legs.

Due to Railroad Accident

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection and History

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-8

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 12.3

(b) Date of occurrence Jan 4 1944

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? Yes (e) Means of injury

23. Signature A. E. Assher (M. D. or other) M.D.

Address 23 McCoy Date signed 1/4/44

(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 Oscar Samuelson

Licensed Embalmer No. 3002

P. O. Address 3146 Main

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.