

S. No. 2
M-5-43
7-5-17-39
I X3667

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

FILED FEB 24 1944
Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(c) Name of hospital or institution:
3017 Wayne Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 59 59 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3017 Wayne Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Esther THOMAS
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 7th
year 1944 hour 9:30 P. minute _____ M.
21. I hereby certify that I attended the deceased from
Feb 6 1944 to Feb 7 1944
that I last saw her alive on Feb 7 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alfred Thomas
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29th 1863
(Month) (Day) (Year)

Immediate cause of death
Hypertensive heart disease
Due to arterio-sclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
80 7 8 hr. _____ min.

9. Birthplace Lancaster England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {
12. Name James Rimmer
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Whitten
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Agnes Dailey
(b) Address 3017 Wayne Ave

17. (a) Burial (b) Date thereof 2-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary K.C.Kans

18. (a) Signature of funeral director Melody-McGilley
(b) Address Kansas City Missouri.

19. (a) 2-8-44 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E 31st St Date signed 2-8-44

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No. 2999

P. O. Address..... KC

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.