V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23903

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2981

1. PLACE OF DEATH

(a) County Jackson
(b) City or town K. C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2016 Olive 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2016 Olive St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marriah Campbel Thomas

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex 3 Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 25 1839 (Month) (Day) (Year)

8. AGE: Years 104 Months ~~8~~ 7 Days ~~6~~ 20 If less than one day hr. min.

9. Birthplace Boliver (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Ned Bryant
13. Birthplace Springfield (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name Ann Brown
15. Birthplace Boliver (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant Mrs Wm. Mahery
(b) Address 2016 Olive St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director West Appleton-Jones
(b) Address 1905 Vine St.
19. (a) 7-18-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1944 hour 11:15 am minute M.

21. I hereby certify that I attended the deceased from 7/15/ 1944 to 7/16/ 1944 that I last saw her alive on 7/15/ 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to Senility

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.

131a

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1012 N 5th Date signed 7/17/44

(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.....

Licensed Embalmer No. 2710

P. O. Address K. C. 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.