S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27017

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3312

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

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: St. Mary's (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 11 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 4723 Grace (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE ROGER THIESSEN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

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 August 31st (Month) (Day) 1943 (Year)

8. AGE: Years — Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Kansas City Kansas

11. Industry or business Infant

FATHER
12. Name Ernest E. Thiessen
13. Birthplace Inman (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Georgia E. Watkins
15. Birthplace Winslow (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Ernest E. Thiessen

(b) Address 4723 Grace K. C. Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Kansas

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City Kansas

19. (a) 8-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1944 hour 8:50 AM minute — M.

21. I hereby certify that I attended the deceased from Crown, 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 Acute Arterial edema Bronchopneumonia

Due to Following Medicinal administration of oil of Chenopodium for worm infestation 8/8/44

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 179 X 13

Of autopsy Autopsy & Clinical findings

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 8-3-44

(c) Where did injury occur? K. C. Jackson Mo. (City or town) (County) (State)

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

While at work? no (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 8/11/44

361 (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.

The GEO. H. LONG Mortuary

[illegible] STREET at BARNETT KANSAS CITY, KANSAS

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City Kansas

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.