

FILED SEP 26 1944

Registration District No. 119

Primary Registration District No. 1002

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:
Wheatley Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
 In this community 32 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2220 Midway Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Saline McThomas

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 5. Color or race Col

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Oct. 8 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>10</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Prop. Restaurant

11. Industry or business Unk

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant John McThomas

(b) Address 2206 Olive

17. (a) Burial Higginville Mo.
(Burial, cremation, or removal) (b) Date thereof 9-11-44
(Month) (Day) (Year)

(c) Place: burial or cremation Waters Bros

18. (a) Signature of funeral director Waters Bros

(b) Address 1729 Lydia

19. (a) 9-11-44 (b) Dr. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-25
 _____, 1944 to Sept 6, 1944
 that I last saw her alive on Sept 6, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days

Due to Hypertension 3 yrs.

Due to Diabetes mellitus 4 yrs.

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) no

(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 P. M. Mumme (M. D. or other) no

Address 1401 5th Blvd Date signed 9-9-44

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.