

FILED DEC 4 1944

Primary Registration District No. 1002

Registrar's No. 4760

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: Ostepathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks.
(Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Carrollton Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 402 2nd 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Herbert Thomas

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna L. Thomas 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 26 1894
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Printer

11. Industry or business Carrollton Democrat

12. Name Stephen Thomas

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

14. Maiden name Harnet Hill

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

16. (a) Informant Anna L. Thomas

(b) Address Carrollton Missouri

17. (a) Removal (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Mr. C. L. Fowler

(b) Address 912-920 Franklin

19. (a) 11-25-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 4, 1944, to Nov 24, 1944
that I last saw him alive on Nov 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Constrict Aortic Arteriosclerosis Duration _____
non syphilitic

Due to _____

Due to 910

Other conditions (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) _____

(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) Manner of injury 9

23. Signature J. W. Higgins (M. D. or other) P.O.
Address Buckner Date signed 11/24/44

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

7
3
8

AUG 20 1945

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 C. H. Wise

Licensed Embalmer No. 2570

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.