

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 29 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8835**  
Registrar's No. **1190**

Registration District No. **149**

Primary Registration District No. **1002**

8830

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:  
1216 E 10th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community no 28 yrs  
years, months or days

**3. (a) PRINT FULL NAME** Elmer Ellsworth Thomas

3. (b) If veteran, name war no

3. (c) Social Security No. 510-05-5114

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bessie Pearl Gay

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 5/10/1872  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>2</u>	hr. min.

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

10. Usual occupation Retired laborer

11. Industry or business " "

**MOTHER** { 12. Name A. B. Thomas

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

14. Maiden name Sarah Waymer

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

16. (a) Informant Bessie Thomas

(b) Address 1216 E 10th

17. (a) burial (b) Date thereof 3/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 3-13-45 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

**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. 1216 E 10th St.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 12  
year 1945 hour 12<sup>30</sup> minute A 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 Coronary occlusion

Due to arterio sclerosis

Due to Cerebral thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 466

Of autopsy no. Histology + Injection

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 Crown

23. Signature James W. Walker (M. D. or other) Crown  
Address 1424 1/2 Olive St. Date signed 3-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*John P. Shull*

Licensed Embalmer No..... 3625 -

P. O. Address..... R 6 40

**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.**