. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 1457

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8836

Primary Registration District No. 1002

Registrar's No. 1022

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-23-45-2-26-45 (Specify whether years, months or days)
In this community 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 W. 28th Terr
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM THOMAS
3. (b) If veteran, name war: None
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie Thomas
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Sept. (Month) ? (Day) 1870 (Year)
8. AGE: Years 74 Months 5 Days — If less than one day hr. min.
9. Birthplace: Odessa (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: Thomas
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Maggie
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director: Hatkins Bros
(b) Address: 1729 Lydia
19. (a) 3-3-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1945 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from February 23, 1945, to February 26, 1945; that I last saw him alive on February 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to:	
Due to: 102.6	
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) Means of injury
23. Signature: H. D. Leonard (M. D. or other)
Address: Gen. Hosp #2 - 600 E 22 Date signed 2-28-45

541 (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 D. J. Menlove

Licensed Embalmer No. 3994

P. O. Address 2522 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.