

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
FILED AUG 4 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3092

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Missouri  
(c) Name of hospital or institution: General Hospital #2  
(d) Length of stay: In hospital or institution 7-3-45; 7-21-45  
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 1805 E. 16th St. 8  
(e) Citizen of foreign country? no (Yes or No) 0

3. (a) PRINT FULL NAME THOMAS IVORY

MEDICAL CERTIFICATION  
20. DATE OF DEATH: July 21 1945  
Month July day 21  
year 1945 hour 11:30 minute p.m. M.

3. (b) If veteran, name was no  
3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 7-3-45 to 7-21-45, 1945, that I last saw him alive on 7-21-45, and that death occurred on the date and hour stated above.

4. Sex Male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death: Cardiac Decompensation  
Duration

6. (b) Name of husband & wife unknown  
6. (c) Age of husband or wife if alive 1869 years

Major findings: Of operations 93 d  
Of autopsy

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.

Due to: Arteriosclerotic Heart Disease  
Due to:

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

10. Usual occupation Labor

11. Industry or business

12. Name Alex Ivory

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

14. Maiden name Sylvia  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk  
(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 7-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director H.B. Moore

(b) Address 1820 East 18 st

19. (a) 7-24-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 G. Turner (M. D. or other)  
Address Gen. Hosp. #2 Date signed 7-24-45

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

MOTHER FATHER

**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.....

*H B Moore*

Licensed Embalmer No. *2440*

P. O. Address *1820 E 18th St*

**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.**