

FILED JAN 21 1946

Registration District No. 147 Primary Registration District No. 1002 State File No. _____ Registrar's No. 5325

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K. C. General Hospital No. 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days

In this community 50 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 7002 1/2 Prospect

(e) Citizen of foreign country? No

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Gleason

3. (b) If veteran, World War One name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna M. Gleason

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. 1, 1895

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Kansas City, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business K. C. General Hospital

MOTHER FATHER {

12. Name Thomas Gleason

13. Birthplace Ireland

(City, town, or county) (State or foreign country)

14. Maiden name Hannah Doherty

15. Birthplace Ireland

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna M. Gleason

(b) Address 7002 1/2 Prospect

17. (a) Burial (b) Date thereof Dec. 26, 1945

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. E. Quirk funeral

(b) Address 4316 Troost ave.

19. (a) 12-25-45 (b) Geraldine Holmes

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1945 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec. 10 1945 to Dec. 22 1945; that I last saw him alive on Dec. 22 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Intertrochanteric fracture of left hip

Due to _____

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

Major findings: Of operations _____

Of autopsy None

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) Accident

(b) Date of occurrence 12-9-45

(c) Where did injury occur? K. C. Jackson, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place)

(e) Means of injury Fall

Signature Clark W. Seely Date signed 12-24-45

Address Med. Dir. Gen'l Hosp

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

100285

Dr. Paul

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 *Thomas E. Turk*

Licensed Embalmer No. *3775*

P. O. Address *R. C. M.*

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.