

FILED MAR 29 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
300 West Armour Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 4 yrs.  
years, months or days)

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. 300 West Armour Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Thomas

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James G. Thomas 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 20 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 7 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Daniel O Conner

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Holmes

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

16. (a) Informant Miss Nadia Thomas

(b) Address 300 West Armour Blvd.

17. (a) removal (b) Date thereof 2-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk, Iowa

18. (a) Signature of funeral director Gate's Funeral Home

(b) Address Kansas City, Kansas.

19. (a) 2-13-46 (b) Broadie Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12  
1946 to 2-12 1946

that I last saw her alive on Feb. 4  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion

Duration

8 hours

Due to Coronary Sclerosis

2 yrs

Due to Senility

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)  
(2) Means of injury \_\_\_\_\_

23. Signature Don Carlos Jett (M. D. or other) MD  
Address 1500 Prof. Bldg Date signed 2-13-46

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

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**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 Rose Bradford*  
Licensed Embalmer No. *5015*  
P. O. Address *41<sup>st</sup> State Line*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ~~147~~  
755

On this 26th day of February, 1946, before me appears Nadia Thomas, who, upon her oath, states that the original record of ~~birth~~ death for Mary E. Thomas died February 12, 1946, in the State of Missouri, and which was filed at Kansas City on 2-130, 1946, should be corrected as follows:

Item No. 7 should read June 20, 1867

Instead of June 20, 1868

Item No. 8 should read 78 - 7 - 22

Instead of 77 - 7 - 22

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nadia Thomas daughter  
Relationship.

300 W. Armour - K.C. Mo.  
Present Address.

Subscribed and sworn to before me this 26th day of Feb., 1946.

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5908