

FILED MAY 7 1946

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 455 E. Kansas St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 8 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Lelia Sandusky Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1946 hour 4 minute 00 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward H Thomas

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

7. Birth date of deceased June 24 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1940 to April 29 1946
that I last saw her alive on April 29 1946
and that death occurred on the date and hour stated above.

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

<u>77</u>	<u>10</u>	<u>5</u>	hr. min.
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Immediate cause of death General Atherosclerosis 10 yrs

Due to Acromegaly 30 yrs.

Due to Hypothyroidism 30 yrs.

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Eph Sandusky

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

14. Maiden name Mollie Morison

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 97

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ann S Wilson

(b) Address 455 E Kansas St. Liberty

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? _____

17. (a) Cremation (b) Date thereof 5/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Burton Malley (M. D. or other) M.D.

Address Liberty Mo Date signed 1-5-46

18. (a) Signature of funeral director [Signature]

(b) Address 119 E Franklin St. Liberty Mo.

19. (a) May 1 1946 (b) Monnie Hayashi
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-6-46

JUL 18 1946

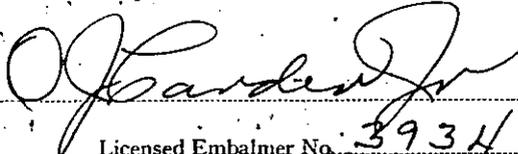
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

3934

P. O. Address

Liberty, Mo.

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.