

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20378**
 Registrar's No. **2471**

FILED JUN 20 1946
 REGISTRATION DISTRICT NO. **199**

Primary Registration District No. **1002**

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

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:
Kansas City Convalescent Home **4**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 months**
 In this community **52 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... **Missouri** (b) County... **Jackson** **48**
 (c) City or town... **Kansas City** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No... **309 S. Kensington** **6**
(If rural, give location)
 (e) Citizen of foreign country? **no** **8**
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Thomas Arthur McDearmon**

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

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pearl E.**
6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Sept. 20 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **13**
 If less than one day
 hr. min.

9. Birthplace **Boonville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Postal Supervisor**

11. Industry or business **U.S. Postoffice**

12. Name **Thomas A. McDearmon**

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

14. Maiden name **Virginia Williams**

15. Birthplace **Maysville Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl McDearmon**
(b) Address **309 S. Kensington**

17. (a) Burial **(b) Date thereof** **June 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**
(b) Address **2825 Independence**

19. (a) 6-4-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
 year **1946** hour **8** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 23, 1945** to **June 3, 1946**
 that I last saw him alive on **June 2, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Decompensated Myocarditis
Essential Hypertension
 Due to..... **2 weeks**
2 yrs.

Due to.....
 Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **932**
 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)
 Means of injury..... **2**
23. Signature **J. J. Pocsik** **(M. D. or other)** **DO**
Address **5102 St. John** **Date signed** **6/3/46**

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. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.