

FILED JUL 2 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2702

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:
On Rock Island Train entering Union Station
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 Years
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. 4740 Oak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS C. STRAW

3. (b) If veteran, name war No 3. (c) Social Security No. 707-16-2395

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Joe Straw 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased November 21st 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 26 hr. min.

9. Birthplace Hazleton Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Safety Supervisor

11. Industry or business Rock Island Railroad

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (State or foreign country)

16. (a) Informant Mrs. Joe Straw

(b) Address 4740 Oak Street

17. (a) Burial (b) Date thereof 6 - 20 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St. Kansas City, Mo.

19. (a) 6-18-46 (b) Eveline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1946 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from 2 3 1946 to 6 17 1946
that I last saw him alive on 5-28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Coronary artery disease
Due to Chronic diabetes

Other conditions Chronic diabetes
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no

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? _____

23. Signature J. E. Conroy (M. D. or _____)
Address City Date signed 6-17-46

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

411 August Bidd
1:30 certify 4:00

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.