

FILED SEP 4 1946
Registration District No. 4496

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:
ST. LUKE'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-DAYS
(Specify whether)

In this community 1 WEEK
years, months or days

3. (a) PRINT FULL NAME JOHN WILLIAM THOMAS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased AUGUST 22-1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>7</u>	hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name JAMES E THOMAS

13. Birthplace TOPEKA KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name WILMA SEATRICE WRIGHT

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

16. (a) Informant James E. Thomas

(b) Address 11102 Applewood Dr. RPT

17. (a) BURIAL (b) Date thereof AUG 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. W. Newcomer, S. S.

(b) Address 1401 BROOK CREEK BLYO

19. (a) 8-31-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town HICKMAN MILLS - RURAL RR #1
(If outside city or town limits, write "RURAL")

(d) Street No. 11102 APPLEWOOD DRIVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 29TH
year 1946 hour 6 minute 34 P.M.

21. I hereby certify that I attended the deceased from 8-23 1946 to 8-29 1946; that I last saw him alive on 8-29 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 24 hrs.

Due to

Due to

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

Major findings: 159

Of operations

Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Daniel C. Greer (M. D. or other)

Address 315 Alameda Rd. RPT Date signed 8/30/46

246 Deane Medical Bldg.
315 S. Elmwood Road
2:00 P.M. 33

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

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.