

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27393

State File No.

Registrar's No.

3202

FILED SEP 9 1946

Registration District No.

Primary Registration District No.

1002

WRITE PLAINLY—USE FADING 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:
Little sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community 28 years
years, months or days)

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. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS MARY ALICE THOMAS

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

4. Sex Female 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 _____ years
7. Birth date of deceased December 20 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 7 hr. min.

9. Birthplace Graves County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Rope Work--K. C. Ass'n.

11. Industry or business of the Blind

MOTHER FATHER

12. Name Charles Henry Thomas
13. Birthplace Kentucky
14. Maiden name Elizabeth Ellen Mills
15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Abbie Alice
(b) Address 5331 Highland - St. Charles

17. (a) Burial (b) Date thereof 8/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wm. J. ...

(b) Address 20 West Linwood

19. (a) 8-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day August
year 1946 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from Aug 22 1946
to Aug 27 1946, 19____, to Aug 27 1946, 19____;
that I last saw her alive on Aug 27 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Acute Cardiac Failure 36 Hours
Due to Hypertensive Heart Disease 10 years
Due to Chronic Asthma 18 Months
S

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

Major findings: 93d
Of operations _____

Of autopsy No--History & Observations

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) (e) Means of injury _____

23. Signature John T. Skemer (M. D. or other) MD
Address 1462 Bryant Bldg Date signed 8/28/46

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.