No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30490

FILED OCT 7 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4013

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: K.C. Osteopathic Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) In this community 30 yrs

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. 1640 Madison (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Hattie A. Thomas
3. (b) If veteran, name war no.
3. (c) Social Security No. no
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George F. Thomas
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct. 21 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	28	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John M. Clark
13. Birthplace (City, town, or county) Illinois (State or foreign country)
14. Maiden name Martha Simmons
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ira Thomas
(b) Address 5841 Myrtle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill Cem.
18. (a) Signature of funeral director Mrs C.R. Forster
(b) Address 918 Brooklyn
19. (a) 9-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 19 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from SEPT. 12 '46, 19, to SEPT. 19, 1946, that I last saw her ER alive on SEPT. 19, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CONJESTION OF LUNGS. (LOBAR PNEUMONIA.)	48 HRS.
Due to CEREBRAL ACCIDENT	6 DAYS.
Due to HYPERTENSION.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NONE. 108
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Eugene R. Young (M. D. or other) D.O.
Address 3800 Broadway Date signed 9-19-46

(Licensed Embalmer's Statement on Reverse Side)

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.....Cortland S. Minor.....

Licensed Embalmer No.....3414.....

P. O. Address.....918 Brooklyn.....

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.