

No. 2  
12-45  
17-39  
X47070

State File No. 37214

FILED NOV 20 1946  
1949

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 4701

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: Grosse Nursing Home, 3918 Charlotte Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Months  
(Specify whether  
In this community 60 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. 7340 Cleveland Avenue 8  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. FELICIE SANDERS THRESHER

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 Married  
6. (b) Name of husband or wife Robert J. Thresher 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased January 6th, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 1 hr. min.

9. Birthplace Bowie County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Theodore Sanders  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Juliette Shortridge  
(City, town, or county) (State or foreign country)  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Ebenezer S. Thresher  
(b) Address 3629 Warwick Blvd.

17. (a) Burial (b) Date thereof 11 - 8 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street, Kansas City, Mo.

19. (a) 11-8-46 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th.  
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from July 15<sup>th</sup> 1946 to Nov. 7<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.  
that I last saw him alive on Nov. 6<sup>th</sup> 1946

Immediate cause of death Swility - General arterio-sclerosis  
Duration

Due to July 15<sup>th</sup> 1946 Frost neck of femur

Other conditions 1860  
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN  
Of operations name  
Of autopsy name  
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) Accident, 23  
(b) Date of occurrence 7-15-46  
(c) Where did injury occur? K.C. Jackson, Mo.  
(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) at home  
While at work? No (e) Means of injury fall  
Signature Sam Lilly (M. D. or other) 0  
Address 807 Maple Blvd. Date signed Nov 7th 1946

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

EMBALMENT

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**