DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40590

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5392

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. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 45 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. 3423 Garfield 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Thomas A. GEORGE

3. (b) If veteran, name war No

3. (c) Social Security No. 491-20-4033

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Edith George

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

7. Birth date of deceased April 15, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	8	hr. min.

9. Birthplace Unknown (City, town, or county) Syria 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retail Grocery

FATHER
12. Name Anthony George
13. Birthplace (City, town, or county) Syria 8 (State or foreign country)

MOTHER
14. Maiden name Natalie Sailly
15. Birthplace (City, town, or county) Syria 8 (State or foreign country)

16. (a) Informant Miss Mary George
(b) Address 3423 Garfield, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 12-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Pathologist, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ascending Cholangitis & Pancreatitis

Due to Obstruction of Common Bile Duct & Pancreatic duct Scar, Chronic Cholelithiasis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 6
Of autopsy above

Duration

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 0

23. Signature Russell Kennel (M. D. or other)
Address St Joseph Hospital Date signed 23 Dec 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.....

Licensed Embalmer No. 2899

P. O. Address..... ICC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.