

S. No. 2
M-5-43
P. 5-17-39
I X38671

FILED JAN. 13 1947
Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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: **15 E 6th St**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **15 years**
(Specify whether years, months or days)

In this community **15 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson** **48**

(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **15 E 6th St.** **8**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country

3. (a) PRINT FULL NAME **Claude McKinley Thrift**

3. (b) If veteran, **yes** 3. (c) Social Security name war. **1st world war 521-14.0322**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**
year **1946** hour **7** minute **30 A** M.

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Divorced** **3**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **April 1 1896**
(Month) (Day) (Year)

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

Immediate cause of death **Deputy Coroner**
Coronary Arteriosclerosis

8. AGE: Years Months Days If less than one day

50 **8** **27** hr. min.

Due to _____

Due to _____

9. Birthplace **Anthony Missouri**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) **93 d**

Major findings: Of operations _____

10. Usual occupation **Cleaners**

Of autopsy **History of inspection**

PHYSICIAN _____

Underline the cause to which death should be assigned statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Do not** **9**

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

14. Maiden name **Thrift** **9**

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

16. (a) Informant **Mrs J. C. Hewes**

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

(b) Address **610 W 58th St Kc mo**

(a) Accident, suicide, or homicide (specify) _____

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Jan 7-47**
(Month) (Day) (Year)

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation **Wadsworth Ms.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

18. (a) Signature of funeral director **Baronius pro**

(b) Address **Kc mo.**

While at work? **at work** (Specify type of place) (Means of injury)

19. (a) **12-31-46** (Date received local registrar) (b) **Maddeline Holmes** (Registrar's signature)

23. Signature **W E Upsher** (M. D. 6/2/46)

Address **2800 Main** **12/28/46**

JAN 27 1947

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 *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

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.