

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X3667

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13701**
 Registrar's No. **1969**

FILED MAY 12 1947

Registration District No. **149**

Primary Registration District No. **1002**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day 5 hrs.**
(Specify whether
 In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Emma F. 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 **Widowed**
 6. (b) Name of husband or wife **Henry Thomas**
 6. (c) Age of husband or wife if alive **Deceased** years
 7. Birth date of deceased **August 6 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	8	24	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Victor Allen**
 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **No Record**
 15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gen. Hosp. Records**

(b) Address **Kansas City Mo.**

17. (a) **Burial** (b) Date thereof **5-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **John W. Wagner**

(b) Address **Kansas City, Missouri**

19. (a) **5-2-47** (b) **Steraldine Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
Kansas City
 (c) City or town **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **904 1/2 East 15th St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
 year **1947** hour **7** minute **35 P.M.**

21. I hereby certify that I attended the deceased from
April 29 47 to **April 30 1947**
 that I last saw her alive on **April 30 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Strangulated hernia with resection and end to end anastomosis with generalized peritonitis
 Due to

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **1220**

Of autopsy **See above**

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?

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

23. Signature **Wm W. Hart** (M. D. or other) **MD**
 Address **Med. Dir. Gen'l Hosp.** Date signed **5-1-47**

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

Dr. Hull

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 *Cecil R. Matthes*
Licensed Embalmer No. *3807*
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.