. S. No. 2
3M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30, 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21212

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2684

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

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: 3512 MERSINGTON AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 18 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. 3512 MERSINGTON AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MR WILLIAM LEONARD THOMAS
3. (b) If veteran, name war No
3. (c) Social Security No. 495-01-0408
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. VIOLA MARIE THOMAS
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased MAY (Month) 19 (Day) 1908 (Year)

8. AGE: Years 39 Months X0 Days ~~28~~ 27 If less than one day ..... hr. ..... min.

9. Birthplace BUTLER (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SUPERINTENDANT TRANSPORTATION
11. Industry or business DICK'S TRANSFER COMPANY
FATHER
12. Name W. ROY THOMAS
13. Birthplace BUTLER (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name KATE COOPER
15. Birthplace BUTLER (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS VIOLA MARIE THOMAS
(b) Address 3512 MERSINGTON AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 6-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16TH year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-12 Death 1947 to Time, 1947 that I last saw him alive on 6-16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1/2 hr
Due to: Hypertensive Heart Disease	Undet
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo M Mullen (M. D. or other) M.D.
Address 3548 Indiana Date signed 6-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3548 Indiana

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 D. D. Nofsinger

Licensed Embalmer No. 3938

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.