S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 92

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4289

State File No. 23710

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Clay Gallatin Twp.

(b) City or town North Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR#8 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME THOMAS SHEPARD LAMASTER

3. (b) If veteran, name war None

3. (c) Social Security No. 486 24 7854

4. Sex Male 0

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased July (Month) 26 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
31	0	0	X hr. X min.

9. Birthplace St Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business Same as above

FATHER
12. Name William J. LaMaster
13. Birthplace Gilford (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Della Daniels
15. Birthplace Unknown (City, town, or county) Maryland 0 (State or foreign country)

16. (a) Informant Ray Addington
(b) Address RR#8 North Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope NKC, Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Rd. North K.C. Mo.

19. (a) July 29th 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 1 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1947 hour ..... minute ..... M.

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

Immediate cause of death Coroner Case accidental drowning

Duration

Due to .....

Due to .....

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

Major findings:
Of operations Coroner Case
Of autopsy 1836

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24
(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? 3
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Walter Bell J. Magistrate
Address Liberty Mo Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-47

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 Chester N. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron D Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.

No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44q

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No. 92

1. PLACE OF DEATH:

(a) County: Clay (Fishing R. Trsp.)

(b) City or town: North K. Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Thomas S Lumsden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: July 26 1947 (Month) (Day) (Year)

8. AGE: Years: 31 Months: Days: If less than one day: hr. min.

9. Birthplace (City, town, or county) (State or foreign country): Mo

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 26 year 1947 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) By accidental drowning while wading in Mo River with companions

(b) Date of occurrence July 26, 1947

(c) Where did injury occur? Fishing River Trsp. Clay Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury drowning

23. Signature Wilbur Bell Q (M.D. or other) Magnolia

Address Kearney Mo Date signed 8-15-47

SUPPLEMENTARY

23710