3. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24413
Registrar's No. 3000

Registration District No. 199 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: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 34 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. 8 East 30th St. 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANTON THOMSEN
3. (b) If veteran, name war None
3. (c) Social Security No. 496-07-5930
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Christian Thomsen
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December (Month) ~~13~~ 3 (Day) ~~1902~~ 1882

8. AGE: Years	Months	Days	If less than one day
63 ~~64~~	7	10	hr. min.

9. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4
10. Usual occupation Dairy worker 1
11. Industry or business Fred Harvey
FATHER
12. Name Christian Thomsen
13. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4
MOTHER
14. Maiden name Anna (Unknown)
15. Birthplace Unknown (City, town, or county) Denmark (State or foreign country) 4
16. (a) Informant William Thomsen
(b) Address 8 E. 30th St. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kans.
19. (a) 7-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 7/13/47, 19, to 7/13/47, 19; that I last saw him alive on 7/13/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalomalacia	
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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 J. W. Young (M. D. or other)
Address 1401 S. W. Blvd K.C. Ks Date signed 7/14/47

Jefferson City Printing Co. (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 Jimmy S. Huckeba

Licensed Embalmer No. 4092

P. O. Address 208 E. 34th 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.