

FILED OCT 4 1947
Registration District No. 1947/9

Primary Registration District No. 1002

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: 4016 OAK STREET
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON

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

(d) Street No. 4016 OAK STREET
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALVERADO, MERRILL THOMAS

3. (b) If veteran name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 26th
year 1947 hour 3 minute 45 A. M.

4. Sex MALE 5. Color WHITE

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

6. (b) Name of husband or wife MRS. JESSIE M. THOMAS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUGUST 14 - 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 27 to July 26 1947
that I last saw him alive on July 26 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Crown Aneurysm

Due to Coronary Artery Disease

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

MOTHER FATHER

9. Birthplace BLUE SPRINGS MO
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business CONTRACTOR

12. Name AL THOMAS

13. Birthplace RUMFORD FALLS MAINE
(City, town, or county) (State or foreign country)

14. Maiden name W E CHAMBERS

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

16. (a) Informant MRS. JESSIE M. THOMAS

(b) Address 4016 OAK STREET

17. (a) BURIAL (b) Date thereof 9-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Hills

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLDG

19. (a) 9-27-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 95%

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? _____ (Specify type of work)

23. Signature John W. Thomas (M. D. or other) MD

Address 306 E 12 Date signed 26/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

1-2:45
Hos Bryan Body

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

John E. Matting, Registered Apprentice No. 504

working under my personal supervision.

Signed: E. Oscar Matting

Licensed Embalmer No. 1767

P. O. Address 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.