No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34708

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4451

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: 3259 GILLHAM PLAZA (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 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. 3259 GILLHAM PLAZA 8 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY CLARDY THOMAS
3. (b) If veteran, name war WORLD WAR #1
3. (c) Social Security No. 487-05-2815
4. Sex MALE (1)
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY (Month) 22 (Day) 1888 (Year)

8. AGE: Years 59 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace PARKVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation WELDER
11. Industry or business SUMMEROUR & DEVINE
FATHER
12. Name NOBLE CLARDY THOMAS
13. Birthplace ..... (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name EMMA JANE JAMISON
15. Birthplace ..... (City, town, or county) KENTUCKY (State or foreign country)
16. (a) Informant MRS FLOSSIE F. HICKERSON
(b) Address 3259 GILLHAM PLAZA
17. (a) BURIAL (Burial, cremation, or removal). (b) Date thereof 10-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.
19. (a) 10-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 23 year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 23 Oct 1947 to Evening of 23 Oct 1947 that I last saw him alive on 23 Oct 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation and failure, acute — Duration 5 days
Due to Pulmonary congestion secondary to decompensation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: none 9 50
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Sam D Hooper (M. D. or other)
Address 80th & The Paseo Date signed 24 Oct 47

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

8 1947

Dr S. D. Hoey
7941½ Paseo

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 Elsear Worthey

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.