

No. 2
1-1/47
5-17-39

State of Missouri
Department of Health

State File No. _____

FILED FEB 3 1948

Registrar's No. 12

Registration District No. _____

Primary Registration District No. 3026

Registrar's No. 12

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 month 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson
(c) City or town... Independence
(If outside city or town limits, write "RURAL")
(d) Street No... 11432 E. 17th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME (Baby) Larry Joseph Thomas

3. (b) If veteran, name war... none 3. (c) Social Security No. none

4. Sex... male 5. Color or race... white 6. (a) Single, widowed, married, divorced... infant
6. (b) Name of husband or wife... _____ 6. (c) Age of husband or wife if alive... _____ years
7. Birth date of deceased... Nov. 17, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	1	21	_____ hr. _____ min

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

10. Usual occupation... infant

11. Industry or business... _____
12. Name... Joseph W. Thomas
13. Birthplace... Independence, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name... Marie Murray
15. Birthplace... Kansas City, Mo.
(City, town, or county) (State or foreign country)

16. (c) Informant... Joseph W. Thomas
(b) Address... 11432 E. 17th Independence, Mo.
17. (a) burial (b) Date thereof... 1/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Md. Grove Cemetery

18. (a) Signature of funeral director... Joe C. Carson
(b) Address... Independence, Mo.

19. (a) 1-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Jan. day... 8
year... 1948 hour... 2:10 minute... 15 A.M.

21. I hereby certify that I attended the deceased from Jan 7, 1948 to Jan 8, 1948
that I last saw him alive on Jan 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchopneumonia
Prematurity

Due to _____
Due to _____

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

Major findings: _____
Of operations... _____
Of autopsy... _____

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... [Signature] (M. D. or other) _____
Address... Independence Mo Date signed... 1/9/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 _____

Donald W. Hamke

Registered Apprentice No. *1425*

working under my personal supervision.

Signed

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address

Independence, 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.