

No. 300
1-10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8750
Registrar's No. 1350

FILED APR 12 1948

Registration District No. 149

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: Menorah Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 months
In this community 5 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Thelma Homan
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F
5. Color or race W.
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Homer
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 13-1910
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 5
If less than one day hr min.

9. Birthplace Webster City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Mild Selveys
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Light
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Norman
(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director G.F. Hennings
(b) Address Smithton Mo

19. (a) 3-22-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Smithton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1948 hour 8 p.m. minute M.
21. I hereby certify that I attended the deceased from Oct 29 1947 to 3/18 1948
that I last saw her alive on 3/18
and that death occurred on the date and hour stated above.

Immediate cause of death Monocyte leukemia
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)
(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?

While at work? (Specify type of place) Means of injury
23. Signature Albert G. Gussberg M. D. or other
Address 1103 Grand Date signed 3/24/48

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..... *A. F. Heumeyer*

Licensed Embalmer No. *3912*

P. O. Address..... *Smithton Pa*

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.