

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

FILED MAR 20 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: **119 So. Lawndale**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether)

-In this community **20 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **119 So. Lawndale** **8**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country

3. (a) PRINT FULL NAME **GERTRUDE THOMAS**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Fem**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Wid. 2**

6. (b) Name of husband or wife **David Thomas**

6. (c) Age of husband or wife if alive **Dec. ?** years

7. Birth date of deceased **9 ? 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	?hr.min

9. Birthplace **Franklin Co., N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

12. Name **Mose Southworth**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Steenburgh**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miles Southworth**

(b) Address **510 E 8th St., K C Mo.**

17. (a) **Burial** (b) Date thereof **3/10/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **Kansas City, Mo.**

19. (a) **3-9-48** (b) **Heraldine Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **6**
year **1948** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**

Due to.....

Due to..... **93D**

Other conditions (Include especially within 3 months of death) **Deputy Coroner**

Major findings: Of operations.....

Of autopsy **History Inspection**

Duration.....

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?.....

While at work..... (Specify type of place)

23. Signature **A E Ascher** (M. D. or other) **9ms**
2800 Main St. (City or town) (State)

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 Charles E. Mayfield Registered Apprentice No. 18
working under my personal supervision.

Signed

John P. Skub

Licensed Embalmer No. 3625

P. O. Address Tanner City, N.C.

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.