

FILED AUG 26 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **226639**
Registrar's No. **3056**

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: **3733 East 28th Street /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **30 years**
years, months or days

3. (a) PRINT FULL NAME **Carl H. THORSON**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Ruby B. Thorson** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **November 27, 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	7	27	hr. min.

9. Birthplace **Lexington, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner**

11. Industry or business **Thorson Screw Products**

MOTHER FATHER { 12. Name **Peter Thorson**
13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Holmgren**
15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby B. Thorson**
(b) Address **3733 E. 28th St., K.C., Mo.**

17. (a) **Burial** (b) Date thereof **7-26-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah**

18. (a) Signature of funeral director **Melody-McGilley-Eyler**
(b) Address **Kansas City, Missouri**

19. (a) **7-26-48** (b) **Geraldine Holme**
(Date received local registrar) (Registrar's signature)

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. **3733 East 28th Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** 24th day **24th**
1948 year 5th hour 30 minute **30** A.M.
21. I hereby certify that I attended the deceased from **February 3rd** to **July 19th 1948**
that I last saw him alive on **July 19th 7:50 AM** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage** Duration

Due to **Cardio Vascular syphilitic aortitis-**
Myocardial failure-aortic murmur

Other conditions (Include pregnancy within 3 months of death) **302**

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 **J. J. Schmedt** (M. D. or other) **J. J.**
Address **3460 E. 31st** Date signed **7-26-48**

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

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.....
Licensed Embalmer No.....
P. O. Address.....

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.