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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36914**
4456
Registrar's No. _____

FILED NOV 20 1948
Registration District No. **449**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(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 or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **30 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **Ida M. Thomas**
3. (b) If veteran, name war **no.**
3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, widowed **divorced widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **May 9 1882**
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **21**
If less than one day hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **John Hopkin**

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

14. Maiden name **Martha**

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

16. (a) Informant **Mrs. Maxine Holland**

(b) Address **306 E. 79th St., Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **11-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-1-48** (b) **Geraldine Holmes**
(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. **1327 Prospect**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **30**
year **48** hour **12** minute **55 P.M.**
21. I hereby certify that I attended the deceased from **10-18-48**
_____, 19____, to **10-30**, 19**48**;
that I last saw him alive on **10-30**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death
obstructive intestinal ileus Duration **6 days**
Due to **loop of small bowel stuck**
Due to **Repair of Ventral Hernia** **11 days**
(Operation)
Other conditions **1220**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Ventral Hernia & massive adhesions**
Of autopsy **obstructive intestinal ileus**
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?

Joseph H. Printz (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Joseph H. Printz** (M. D. or other) _____
Address **1163 Grand** Date signed **10-31-48**

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 Robert H Reed
Licensed Embalmer No. 3945
P. O. Address A @ hnd

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.