

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3854

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>19 years</u>		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		d. STREET ADDRESS (If rural, give location) <u>2623 Van Brunt</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>(Etta)</u>	c. (Last) <u>Thomson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 20 1896</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 YEAR Days <u>19</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Knox County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Seth Hanline</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Martha Banner</u>	14. NAME OF HUSBAND OR WIFE <u>Elijah Thomson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	ADDRESS <u>State Hosp # 3</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Artero sclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Diabetes Melitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan. 1 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-23-29, 1929, to Jan. 1, 1949, that I last saw the deceased alive on 12-31, 1948, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>	23b. ADDRESS <u>Nevada, Missouri.</u>	23c. DATE SIGNED <u>1-1-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/8/49</u>	REGISTRAR'S SIGNATURE <u>Kathryn Jaucy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>	ADDRESS <u>4139 E. 15th. St.</u>
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(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo.

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

108
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RECEIVED

District Health Officer No. 7,

District File Number 12-48-1600

Date Filed 1-17-49

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 _____

William H. Eary

Student Embalmer No. 271

working under my personal supervision.

Student William H. Eary
Student Embalmer

Signed

John R. [Signature]

Licensed Embalmer No. 29553

P. O. Address H.C. [Signature]

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.