	0 1040	THE DIVISION OF HE		•	8454
FILED API	R 6 1949	STANDA'RD CERTIF	ICATE OF DEATH	State File No	
BIRTH NO	·	REG. DIST. NO. 149	PRIMARY REG. DIST. NO	1803 Registrar's No.	1225
1. PLACE OF DEA	ATH		2. USUAL RESIDENCE	•	titution: residence befor
a. COUNTY	CKSON _		a. STATE MO.	b. COUNTY JAC	KSAN adminion
b. CITY (II outside ex		RURAL and give c. LENGTH OF	c. CITY (If outside corporate li	mits, write RURAL and give town	
OR	SAS CITY	township) STAY (in this place)	TOWN KANSAS	CITY	ر. .م
A DULL NAME OF		institution, give street address or location)	d. STREET (II a	aral, give location)	4
HOSPITAL OR INSTITUTION	ANOGE CITY	THREPOHLACK HACP.	ADDRESS 2523	CHESTNUT	\mathcal{O}
	B. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
NAME OF DECEASED			1000 64	OF DEATH MARCH	12 1949
(Type or Print)	THOMAS	- ALPRIED NOVER MARRIED	JE FFLEY 1 8. DATE OF BIRTH	9. AGE (In years) IF UNDER	
5, SEX A 6.	COLOR OR RACE	WIDOWED, DIVORCED (Specify) へ		last birthday) Months	Days Hours Min.
M. H	CADIAN	NEYER MARRIED	NOV. 29, 1925	_ 23	
On. USUAL OCCUPATION of working most of working	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or fore	(n country)	12. CITIZEN OF WHAT COUNTRY?
NONE	TE me, even it retuen.	NONE	CLEARVIEW, O	KLAUNMA · /	U.S.A.
Ba. FATHER'S NAME	•	13b. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIF	E
	JEER C	Y FANNIE MC	NOA		
TEWEE 5. WAS DECEASED EVE	ER IN ITS ARMED		17. INFORMANT'S SI	CNATURE OR NAME	ADDRESS
	I yee, give war or date	no of service) NO.	} .		
N A		447264250		reaculosis Hose	I INTERVAL BETWEEN
8. CAUSE OF DEATH	. I DISEASE OR		ERTIFICATION	10 CH 1 AC 10	ONSET AND DEATH
Enter only one cause per ine for (a), (b), and (c)	DIRECTLY LEAD	CONDITION DING TO DEATH*(a)	ARY TUBE	<u>=RCYLOSIS</u>	_
	ANTECEDENT O	CALICES			
*This does not mean	1 '				
he mode of dying, such s heart fallure, asthenia,	Morbid condition	ns, if any, giving DUE TO (b) cause (a) stating	, ,	A	
tc. It means the dis-	the underlying co	ause last.	119	1 -	
ase, injury, or complica-	omico cichi	DUE TO (c)		<u> </u>	-
ion which caused death.		IIFICANT CONDITIONS -		• :	
	related to the dis	ributing to the death but not ease or condition causing death.			1
9a. DATE OF OPERA	19b. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY7
TION					YES NO
	·	21b. PLACE OF INJURY (e.g., in or about	1	SHIP) (COUNTY)	
la, ACCIDENT	(Specify)	I SID' LEWE OL HADORI (#R" mot mom	21c. (CITY, TOWN, OR TOWN	anir) (COUNTY	(STATE)
ia. ACCIDENT SUICIDE HOMICIDE	(Hpecify)	home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	(STATE)
		home, farm, factory, street, office bidg., stc.)			(STATE)
Id. TIME (Month		(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE	216. (CITY, TOWN, OR TOWN		(STATE)
		home, farm, factory, street, office bidg., stc.)		IR)	
IId. TIME (Month OF INJURY) (Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	211. HOW DID INJURY OCCU	R1	st saw the decease
IId. TIME (Month OF INJURY) (Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	211. HOW DID INJURY OCCU	R1	st saw the decease
21d. TIME (Month OF INJURY 22. I hereby certify alive on 3	that I attended	home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from 1 / 13 14 14 15 15 15 15 15 15	211. HOW DID INJURY OCCU	R1	st saw the deceased d above.
Pld. TIME (Month) OF INJURY 2. I hereby certify alive on3	that I attended 1/2, 194 George, K.	home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK the deceased from 1/3 4, and that death occurred at Land 18 (Degree or title)	211. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the car	R1	st saw the deceased
21d. TIME (Month) OF INJURY 22. I hereby certify alive on 3 23a. SIGNATURE	that I attended 12, 194 George K. orge K.	home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE the deceased from 1/3 q, and that death occurred at Landis (Degree or title)	211. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the can 23b. ADDRESS	1R1 2 , 1949, that I is uses and on the date state MO .	st saw the deceased above. 23c. DATE SIGNED
21d. TIME (Month OF INJURY 22. I hereby certify alive on 3 23a. SIGNATURE	that I attended //2, 194 George, Ko	home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK the deceased from 1/3 4, and that death occurred at Land 18 (Degree or title)	211. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the can 23b. ADDRESS	R1	st saw the deceased above. 23c. DATE SIGNED
OF INJURY 22. I hereby certify alive on3 23a. SIGNATURE 24a. BURIAL CREM TION REMOVAD Constitution of the constitution of	that I attended /12 , 194 George K. orge / . o A. 24b. DATE	bome, farm. factory, street. office bidgetc.) CHour)	21f. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the car 23b. ADDRESS EY OR CREMATORY 24d. L	1R7 1. 1949, that I lauses and on the date state 1. 1949, that I lauses and on the date state 1. 1949, town, or coal 1. 1. 1949, town, or coal 1. 1. 1949, town, or coal	st saw the deceased above. 23c. DATE SIGNED (State)
21d. TIME (Month OF INJURY 22. I hereby certify alive on 3 23a. SIGNATURE	that I attended /12 , 194 George K. orge / . o A. 24b. DATE	bome, farm. factory, street. office bidgetc.) CHour)	211. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the can 23b. ADDRESS	1R7 1. 1949, that I lauses and on the date state 1. 1949, that I lauses and on the date state 1. 1949, town, or coal 1. 1. 1949, town, or coal 1. 1. 1949, town, or coal	st saw the deceased above. 23c. DATE SIGNED
1d. TIME (Month) OF INJURY 2. I hereby certify alive on 3 3a. SIGNATURE 4a. BURIAL CREM/ ION REMOVAL ROOM 3	that I attended /12 , 194 George K. orge / . o A. 24b. DATE	bome, farm. factory, street. office bidgetc.) CHour)	21f. HOW DID INJURY OCCU , 1949, to 3/1 3:30 P. m., from the car 23b. ADDRESS EY OR CREMATORY 24d. L	1R7 1. 1949, that I lauses and on the date state 1. 1949, that I lauses and on the date state 1. 1949, town, or coal 1. 1. 1949, town, or coal 1. 1. 1949, town, or coal	st saw the deceased above. 22c. DATE SIGNED (State)

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

working under my personal supervision.

Student Embalmer Licensed Embalmer No.

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.