

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 8649  
976

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 MO - 27.00		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY					
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY TUBERCULOSIS HOSP				d. STREET ADDRESS (If rural, give location) 607 1/2 MAIN					
3. NAME OF DECEASED (Type or Print) ELMO			a. (First)		b. (Middle)		c. (Last) THOMAS		
4. DATE OF DEATH		(Month) 2		(Day) 26		(Year) 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEP. MARRIED		8. DATE OF BIRTH JULY 1, 1877		9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT		11. BIRTHPLACE (State or foreign country) SAGADA, INDIANA			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME HENRY THOMAS			13b. MOTHER'S MAIDEN NAME LUCINDA BYRD			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. LOST		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KANSAS CITY TUBERCULOSIS HOSP. K.C., MO.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  002*				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12/29, 1948, to 2/26, 1949, that I last saw the deceased alive on 2/26, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE George K. Landis (Degree or title) M.D. II					23b. ADDRESS K.C.P.B. Hosp.		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		24b. DATE 3-1-49	24c. NAME OF CEMETERY OR CREMATORY Western Dental Coll.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
DATE REC'D BY LOCAL REG. 3-2-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. Veilert 2932 Monica Place				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Blaine E. Walsh*

Licensed Embalmer No. \_\_\_\_\_

4075

P. O. Address \_\_\_\_\_

K.C. S. MO

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.