

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12276

1291

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1291</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 YEARS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3529 MCGEE STREET 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) <u>P</u>		c. (Last) <u>BARON</u>	
4. DATE OF DEATH		a. (Month) <u>MARCH</u>		b. (Day) <u>20</u>		c. (Year) <u>1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC-7-1911</u>	
9. AGE (In years last birthday) <u>37 YEARS</u>		10. MONTHS <u>1</u>		11. DAYS <u>3</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIQUOR SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KATZ DRUG CO.</u>		11. BIRTHPLACE (State or foreign country) <u>BROOKLYN, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>PHILIP BARON</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE</u>		14. NAME OF HUSBAND OR WIFE <u>GENEVIEVE J. BARON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>134-18-2628</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GENEVIEVE J. BARON</u>		18. ADDRESS <u>Box 345 Dover N. Jersey</u>		19. MEDICAL CERTIFICATION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute laryngeal edema</u> ANTECEDENT CAUSES <u>Retro-pharyngeal abscess</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <u>20 March</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</u>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY		21c. CITY, TOWN, OR TOWNSHIP		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>20 March, 1949</u> , to <u>20 March, 1949</u> , that I last saw the deceased alive on <u>20 March, 1949</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John Clair Howard</u>		23b. ADDRESS <u>1408 Professional Bldg</u>		23c. DATE SIGNED <u>MAR 21 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>MAR 21 1949</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>SIMPSON, PENNSYLVANIA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	
DATE REC'D BY LOCAL REG. <u>3-21-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		ADDRESS <u>1401 BRUSH CREEK BL'VD.</u>		CITY, TOWN, OR TOWNSHIP <u>KANSAS CITY, MO.</u>	

(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.

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No.

4182

P. O. Address.....

Kansas City, Mo.

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.