

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16179**  
Registrar's No. **2192**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			d. STREET ADDRESS (If rural, give location) <b>2028 East 19th Street</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>BLACK</b> b. (Middle) <b>BLACK</b> c. (Last) <b>THORNTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 17 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>2 JULY 7 1886</b>		9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PULLMAN PORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>		11. BIRTHPLACE (State or foreign country) <b>MISSISSIPPI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>					

13a. FATHER'S NAME <b>STEVE THORNTON</b>		13b. MOTHER'S MAIDEN NAME <b>BITHEY JOHNSON</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Mae Thornton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SUSETTE TILLMAN 2028 East 19th Street</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>RESIDUAL ILEOCOLECTOMY FOR CLINICAL ADENOCARCINOMA OF CAECUM primary</b> ANTECEDENT CAUSES <b>MASSIVE METASTASTIS TO LIVER</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(C) ASCITES</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ADENOCARCINOMA RECTUM 153K</b>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **4/22/1949**, to **5/17/1949**, that I last saw the deceased alive on **5/17/1949** and that death occurred at **6:30P. m.**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <b>Frank Ellis</b> (Degree or title) <b>TWO (1)</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>5/18/49</b>	
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24a. BURIAL, CREMATION (REMOVED) (Specify) <b>Burial</b>		24b. DATE <b>5/21/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>5-19-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. 1729 Lydia</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 1949

OCT 11 1949



SEP 6 1949

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

*J. Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

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.