

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27070**
3558

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>22 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3270 Bell St.</u>			d. STREET ADDRESS (If rural, give location) <u>3270 Bell St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEORA</u>			b. (Middle) <u>G.</u>		c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1949</u>
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>April 13, 1907</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hour _____ Min. _____			
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>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Powellton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Oscar Selby</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Andrews</u>			14. NAME OF HUSBAND OR WIFE <u>Charles M. Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>324-16-6951</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles M. Thomas K.C., Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of the stomach</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1949</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>Dec. 1948</u> , to <u>Aug 11, 1949</u> , that I last saw the deceased alive on <u>Aug 10, 1949</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edson C. Carrier, M.D.</u> (Degree or title)			23b. ADDRESS <u>242 S. Main St. Bldg.</u>		23c. DATE SIGNED <u>8/12/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/15/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-17-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME, K.C. KANSAS</u>		

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

Dr Carrier

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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 No.....

Signed *Jimmy S. Hucks*

Signed.....
Student Embalmer

Licensed Embalmer No. *4092*

P. O. Address *Mission, Kans*

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.