

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43809
5542

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 506 - W. Mill - St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Heatley Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Margaret c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1949		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1898	9. AGE (In years last birthday) 51 yrs	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Matthew Irvin		13b. MOTHER'S MAIDEN NAME W. N. Brown		14. NAME OF HUSBAND OR WIFE Mrs. Jessa Thomas Sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lee E. Thomas 943 - R. St. N.W. Wash. D.C.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		ANTECEDENT CAUSES Obese			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 none		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.) K. E. Jackson		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, Miss	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR none	

22. I hereby certify that I attended the deceased from 12-18-49, to 12-20, 1949, that I last saw the deceased alive on 12-20, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Henry B. Lyons (Degree or title)		23b. ADDRESS 1605 - E - 18th St		23c. DATE SIGNED 12-22-49	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 12/22/49		24c. NAME OF CEMETERY OR CREMATORY Woodland	
24d. LOCATION (City, town, or county) Independence, Mo		24e. (State)			
DATE REC'D BY LOCAL REG 12-30-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. L. ... 1513 Truss	

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address T. C. W.

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.