

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37282

State File No. ....

4909

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____											
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 <b>TOWN KANSAS CITY</b>				c. LENGTH OF STAY (In this place) <b>12 yrs</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN KANSAS CITY</b>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>				d. STREET ADDRESS (If rural, give location) <b>1111 Paseo</b>				<b>3/100</b>									
3. NAME OF DECEASED (Type or Print) <b>ELIJAH</b>			a. (First)		b. (Middle)		c. (Last) <b>THOMAS</b>										
4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 18 1950</b>		5. SEX <b>MALE 2</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>		8. DATE OF BIRTH <b>DECEMBER 25 1887</b>									
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <b>BLACKHILL, SOUTH CAROLINA /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MASON TENDER</b>			10b. KIND OF BUSINESS OR INDUSTRY			13a. FATHER'S NAME <b>WILLIAM THOMAS</b>			13b. MOTHER'S MAIDEN NAME <b>MOUTSE -</b>								
14. NAME OF HUSBAND OR WIFE <b>- -</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>W</b>			16. SOCIAL SECURITY NO. <b>512-01-9950</b>			17. INFORMANT'S SIGNATURE OR NAME <b>VELMA BELL</b>			ADDRESS <b>20th &amp; Paseo</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b>				ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSIVE HEART DISEASE</b> DUE TO (c)								II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>443X</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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)			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>11-13</u> , 19 <u>50</u> to <u>11-18</u> , 1950, that I last saw the deceased alive on <u>11-18</u> , 19 <u>50</u> and that death occurred at <u>5:25 A.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <b>E. Frank Ellis MD</b>						23b. ADDRESS <b>600 East 22nd Street</b>						23c. DATE SIGNED <b>11-18-50</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24b. DATE <b>11/22/50</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>								
DATE REC'D BY LOCAL REG. <b>11-21-50</b>			REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>						25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Sterling Bills</b>			ADDRESS <b>1212 Vine</b>					

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *E. Sterling Mills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Ci

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.