

THE DIVISION OF HEALTH OF THE DISTRICT OF COLUMBIA
STANDARD CERTIFICATE OF DEATH

State File No. **43599**
Registrar's No. **5585**

FILED JAN 20 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. JACKSON		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. MISSOURI JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 624 Cottage Lane	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 25 1950
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5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MARCH 9 1875	9. AGE (In years last birthday) (Month) (Day) (Year) 75 9 16	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) WASHINGTON, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOE THOMAS	13b. MOTHER'S MAIDEN NAME REBECCA BRANSON	14. NAME OF HUSBAND OR WIFE UNK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK.	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Wm. Lohmeyer (State Anatomist)
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDETERMINED <i>Cardiac insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive heart disease</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PEDICULOSIS CORPORIS ULCER OF LEG <i>renal insufficiency</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-21**, 19**50**, to **12-25**, 19**50**, that I last saw the deceased alive on **12-25**, 19**50**, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis	(Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 12-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-8-50	24c. NAME OF CEMETERY OR CREMATORY V.C. College of Arts & Surgery	24d. LOCATION (City, town, or county) (State) 2105 Ind. Av. City, MO
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DATE REC'D BY LOCAL REG. 12-31-50	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Brightman & Jones	ADDRESS 2300 E. 18th
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Lawrence A. Jan

Licensed Embalmer No. *4828*

Signed _____

Student Embalmer

P. O. Address *2300 E 18th*

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.