

STANDARD CERTIFICATE OF DEATH

42358

State File No. 5407

FILED DEC 20 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this space) 4094
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 1122 Penn 3118

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas b. (Middle) c. (Last) Mars
4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2-5-1886 9. AGE (In years last birthday) 66 # UNDER 1 YEAR Days # UNDER 1 MIN. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Newton, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Clem Mars 13b. MOTHER'S MAIDEN NAME Mary "Unk." 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. "Unk." 17. INFORMANT'S SIGNATURE OR NAME Record Clerk: R.C. Penkeper 18. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, 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. 331X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Nov. 28, 1952, to Dec. 4, 1952, that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 2:50A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 12-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 12-10-52 24c. NAME OF CEMETERY OR CREMATORY R.C. Col. of Csteo 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 12-10-52 Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE (Address) B.C. D. S. Co. R.C. Mo.

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

B. E. Weikel

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *K.C., Mo.*

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.