

FILED MAR 11 1940 STANDARD CERTIFICATE OF DEATH

State File No. 5373
598
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Thasas City Mo
(c) Name of hospital or institution 527 So. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS JEFFERSON DEAKINS

3. (b) If veteran, No name war 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mona Deakins 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct 12 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Monrovia Co (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

12. Name James Deakins

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ananda Elliott

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Deakins

(b) Address 527 So. Jackson

17. (a) (b) Date thereof 2-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvinist Mo

18. (a) Signature of funeral director William F. Smith

(b) Address Calvinist Mo

19. (a) Feb. 8, 1940 (b) M. M. Crispe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 527 So. Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1940 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb 4 1940 to Feb 8 1940
that I last saw him alive on Feb 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocard -
plus with a acute
Coronary dilatation
Due to Chronic Duodenitis
Hepatitis + Coronary Sclerosis

Due to 151

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work ✓ (Specify type of place) Means of injury 1

23. Signature Chas. L. Peely (M. D. or other)

Address 908 Benton Date signed 2/8/40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.