

FILED MAY 11 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1915

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Research Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
In this community 15 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 - North Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR THOMASON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mable Thomason 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Sept 9 - 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Clerk, County Court

11. Industry or business County Official

12. Name Arthur Thomason

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

14. Maiden name Dalke Carson

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

16. (a) Informant Mrs. Mable Thomason

(b) Address 1-N. Main St. Liberty, Mo

17. (a) Burial (b) Date thereof May - 11 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo Church

18. (a) Signature of funeral director D. E. Brown  
(b) Address Liberty, Mo

19. (a) 5-2-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 10, 1944, to May 1, 1944,  
that I last saw him alive on May 8, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 3 days  
from perforation of  
Splenic Flexure of Colon

Due to Carcinoma of Colon?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 4/6 2  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Burdou Matthey (M. D. or other) M.D.  
Address Liberty, Mo Date signed 5-1-44