

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17299
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 1996
 (c) City Kansas City (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertel C. Thompson 7512

(a) Residence, No. 4118 Mission Rd. St. Kansas City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Amelia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Cash. Foreman

10. Date deceased last worked at this occupation (month and year) 1929 Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shreveport Louisiana

FATHER

13. NAME Thos. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Mrs. Laura Sorenson
 (ADDRESS) 4118 Mission Rd. K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mariah DATE May 14, 1938

19. FUNERAL DIRECTOR (NAME) W. W. Newcomer's Sons
 (ADDRESS) Bushcreek Pass.

20. FILED May 13, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to May 12, 1938

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:15 P.

The principal cause of death and related causes of importance were as follows:

Acute Dehydration
Heart
Myocardial infarction
 Other contributory causes of importance:
Essential Sclerosis

Date of onset 9/2

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation or deceased?
 If so, specify
 (Signed) W. J. ...
 (Address) 1402 ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3:30-4
017010
Original copy

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..... *Neil Carr*

Licensed Embalmer No. *3976*

P. O. Address *1401 Bushore*

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, above space should be left blank.