

REC'D JUL 12 1938

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

21097

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. Victoria Hotel, 9th & McGee St. St. 2547
 (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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Julia A. Thompson 512

(a) Residence, No. Victoria Hotel St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York13. NAME Cornelius Van Auken14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Jemima Hill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Mrs. George W. Paddock
Victoria Hotel18. BURIAL, CREMATION, OR REMOVAL PLACE Friend, Neb. DATE June 23, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Mo.20. FILED June 24, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 193822. I HEREBY CERTIFY, That I attended deceased from 1930 or 1931, to June 23, 1938I last saw h. er alive on June 22, 1938 Death is said to have occurred on the date stated above, at 4:45 AM m.

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

Cerebral Arteriosclerosis with Apoplexy. Date of onset June 14, '38
8201

Other contributory causes of importance:

Terminal Bronchial Pneumonia 6-21-38
Hypertension - year

Name of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No(Signed) Jeremy Jemmed M. D.(Address) 1318 Bryant Bldg,
K. C. Mo.

WILLIAMSON COUNTY, TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

12-30-37
J. H. [unclear]
[unclear]

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 with the above constitutes grounds for revocation of license.)

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