

REG'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24717
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 1
 (b) Township St. Joseph, Primary Registration District No. 201
 (c) City St. Joseph, (d) Street No. 622 South 13th. Str. Registered No. 676
 (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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adaline M. Thompson,

(a) Residence, No. 622 South 13th. Str. St.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1860

7. AGE YEARS 77 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Doniphan County,
 (STATE OR COUNTRY) Kansas,

FATHER 13. NAME Nels Thompson,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Norway,

MOTHER 15. MAIDEN NAME Ingelborg Orteland,

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Norway,

17. INFORMANT Miss Hannah Thompson,
 (ADDRESS) Cherokee, Oklahoma.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Nelson Cem. DATE July 3rd. 1938

19. FUNERAL DIRECTOR Theaton, Be Gale & Bacon
 (ADDRESS) 319 So. 10th. Str. Kansas City

20. FILED 7/2 1938 A. J. Westbush
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to July 1, 1938
 I last saw her alive on June 30, 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Atherosclerosis General Date of onset unknown

Other contributory causes of importance:
Chronic myocardial insufficiency

Name of operation None Date of None
 What test confirmed diagnosis? Chemical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1938
 Where 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify None
 (Signed) Gustav A. Bean, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo. 85

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT OF HEALTH

NOV 1 1941

STATEMENT BY LICENSED EMBALMER

I, F. Heron D. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3928 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed F. Heron D. Smith
Licensed Embalmer No. 3928

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.)