REC'D AUG 7 1939

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

24513
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) or City Kansas City, Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 2726
(d) Street No. General 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 512 John (Tommy) Thompson
(a) Residence, No. 1403 Troost Avenue 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ruth J. Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15, 1894
7. AGE: YEARS 44 | MONTHS 9 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: City Employee
9. Industry or business in which work was done, as saw mill, bank, etc.: St. Repair Dept.
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): Kansas City, Mo.

FATHER
13. NAME: Charles Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Ellen Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. Ruth J. Thompson, 1403 Troost Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE July 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John W. Wagner, Kansas City, Mo.
20. FILED July 6, 1939 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7:47 a.m. pm
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Date of onset

Crushing injury to pelvis
Rupture of the bladder
Peri-vesicle hemorrhage

Other contributory causes of importance:

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? Accident Date of injury 7-5-39
Where did injury occur? K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Ran over by a truck.
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M.D.
(Address) K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

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. ~~4062~~, working under my personal supervision.

Signed A R Hounschel

Licensed Embalmer No. 4062

P. O. Address K. C. Mo

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.