S. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5574

Registrar's No. 799

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3428 Campbell Street 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3428 Campbell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 71 Years years.

3. (a) PRINT FULL NAME Mrs. Johanna M. Thompson 512

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas B. Thompson

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September (Month) 21 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	4	29	hr. min.

9. Birthplace Unknown (City, town, or county) Sweden 7 (State or foreign country)

10. Usual occupation In Home

11. Industry or business --

FATHER
12. Name John Peterson
13. Birthplace Unknown (City, town, or county) Sweden 7 (State or foreign country)

MOTHER
14. Maiden name Johanna Peterson
15. Birthplace Unknown (City, town, or county) Sweden 7 (State or foreign country)

16. (a) Informant Mrs. R. C. Bruton

(b) Address 3428 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1940 hour 11 minute 30 A. M. M.

21. I hereby certify that I attended the deceased from Dec 23 1939, 19 39, to Feb 19, 19 40
that I last saw her alive on Feb 19, 19 40
and that death occurred on the date and hour stated above. yes

Immediate cause of death Double Bronchial Pneumonia

Due to "Flu Infection 94 a

Due to Previous Heart conditions

Other conditions Hog arteriosclerosis
(Include pregnancy within 3 months of death) Attack of Ovarian Retinitis
Angina Pectoris Dec 23 39

Major findings:
Of operations —

Of autopsy none

Duration

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 A. C. Kurtz M.D. (M. D. or other)

Address 1108 Rialto Date signed Feb 20

(Licensed Embalmer's Statement on Reverse Side)

Opulto Bldg. Vi 4081

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 George M. Collier

Licensed Embalmer No. 3839

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.