

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 22037

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

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:
Research Hspital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 38 yrs.
years, months or days)

3. (a) PRINT FULL NAME William Thompson

3. (b) If veteran, name war _____
 3. (c) Social Security No. 554-10-0908

4. Sex M
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10-1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 16
If less than one day hr. min.

9. Birthplace Middletown Lancashire England
(City, town, or county) (State or foreign country)

10. Usual occupation Airplane mechanic

11. Industry or business _____

12. Name George Thompson
 18. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name No record
 15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Griffin
 (b) Address 2418 Wabash (Tel. 8229)

17. (a) Burial (b) Date thereof 7-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Bentley Martindale
 (b) Address K.C. Mo

19. (a) June 30, 1940 (b) M. M. Larowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kans City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5218 Wabash
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 38 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1940 hour 8 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 24
 1940, to June 26, 1940
 that I last saw him alive on June 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema
 Due to Pulmonary Embolism
 Due to Hernia Operation
 Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Left. Ind. Leg. Inj.
Hernia
 Of autopsy No

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? 361

(Specify type of place) _____
 While at work? _____ (e) Means of injury !
 28. Signature W. F. Bush (M. D. or other) _____
 Address 927. Oregon 138 Date signed 6/27-40

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

111a

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 *Guy Buffington*

Licensed Embalmer No. *2756*

P. O. Address *KC 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21020**
Registrar's No. **2637**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town N.C.
(c) Name of hospital or institution: Research Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

William Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6/30/40 (b) M. M. Brown

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 40

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

due to Neurina operation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 122

Major findings of operations St. Inguinal Hernia

Of autopsy 6/25/1940

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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature H. L. Bush (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTAL

