

No. 2
-13-40
-17-39
X23159

FILED AUG 14 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24416
3026

State File No.

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH Jackson
(a) County Jackson
(b) City or town Kansas City, Missouri
(c) Name of hospital or institution 3231 Prospect
(d) Length of stay: In hospital or institution 1 1/2 Yrs.
In this community 1 1/2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4147 Harrison
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT NAME Heneretta D. Thomson 525
FULL NAME

3. (b) If veteran, No. name war. 3. (c) Social Security No. No.

4. Sex Female 5. Color W. 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife C. W. Thomson 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased 8 (Month) 11 (Day) 1857 (Year)

8. AGE: Years 82 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Thomson

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

14. Maiden name Ann Petty

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

16. (a) Informant Ann Deacy

(b) Address 4157 Harrison

17. (a) Burial (b) Date thereof 7 30 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Mollody Mc Gilly
(b) Address 3133 Euclid Kansas City, Mo.

19. (a) July 29, 1940 (b) M.M. Crave (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28th year 1940 hour 5 minute 48 P. M.

21. I hereby certify that I attended the deceased from January 1, 1940, to July 28th, 1940, that I last saw him alive on July 28th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Hypertension 50 5 years

Due to Nephritis Chronic 10 years

Other conditions Carcinoma Left Breast (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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 Charles Vasquez 1103 Grand, K.C. Mo. Date signed 7-29-40

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

MOTHER FATHER

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. 267

..... 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, fact should be so stated above.