

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

34481
 Do not use this space.

FILED NOV 12 1940

1. PLACE OF DEATH
 (a) County Sackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3997
 (c) City Kansas City (d) Street No. St. Luke's 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 John David Thomson
 (a) Residence, No. 4311 Maccisa K.P. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single (Newborn)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-40

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City Missouri (STATE OR COUNTRY)

FATHER 13. NAME Lee Swinging Thomson Sr.

14. BIRTHPLACE (CITY OR TOWN) Chicago Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Stairs Louise Carlson

16. BIRTHPLACE (CITY OR TOWN) Rockford Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs. Thomson - 4311 Maccisa K.P. Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (NAME) Laboratory (ADDRESS) St. Luke's Hosp.

20. FILED 10-17-40 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-40 19 40

22. I HEREBY CERTIFY, That I attended deceased from 10-6-40, 1940, to 10-6-40, 1940

I last saw him alive on 10-6-40, 1940. Death is said to have occurred on the date stated above, at 4:05 p.m.

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

Congenital encephalocyst hydrocephalus

Date of onset

157 W

Other contributory causes of importance: Breech delivery

Name of operation Breech extract Date of 10-6-40

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard B. Schulz, M. D.

(Address) 231 W 47th St

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.

1 X16603

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.....

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, above space should be left blank.