No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37760

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4358

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K C General 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)

FILED DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C. Mo (If outside city or town limits write "RURAL")
(d) Street No. 1827 E. 7th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IVA THOMPSON
3. (b) If veteran, name war —
3. (c) Social Security No. 496-01-4883
4. Sex Fe
5. Color or race Wht
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Ward F. Thompson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 30 (Day) 1909 (Year)

8. AGE: Years 30 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Norwood (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Creek
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Hustand
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Ward F Thompson
(b) Address 933 Paseo KC Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 18 (Day) 1940 (Year)
(c) Place: burial or cremation Mt Hope
18. (a) Signature of funeral director Simmons Funeral Home
(b) Address 1404 So 37 K.C. Ks.
19. (a) 11-15-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 11-15-40
year hour minute M.
21. I hereby certify that I attended the deceased from 10 50 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Self induced, septic, criminal
Due to abortion
Other conditions 140
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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 11-3-40
(c) Where did injury occur? K.C. Mo (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 [signature] (M. D. or other) 5
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

1909
1909
30

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.