o. 2
13-40
7-39
X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41200

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4593

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: 315 W 9 st Room 22
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) Several months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 315 W 9 st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Howard G. Thompson (Howard G. Thompson)
3. (b) If veteran, name war
3. (c) Social Security No. 574-10-2071
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 4 (Day) 1890 (Year)

8. AGE: Years 50 Months 8 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Malcomb, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Frank Thompson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Hattie Thompson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Roy Chaney
(b) Address 324 Chandler Bldg
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Dec 5 (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director C. A. Thyson
(b) Address 2512 Main st
19. (a) 12-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1940 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from ..... to ....., 19.....; that I last saw ..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection

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 (Specify type of business of injury)
23. Signature Lawrence Buhle (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed: P. A. Theisen

Licensed Embalmer No. 2361

P. O. Address 2512 Holmes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.