No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1088
48

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

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 2312 Messington 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Robert Lee Thompson
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 23 (Day) 1864 (Year)
8. AGE: Years 76 Months 7 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace: (City, town, or county) Oregon (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Alfred F. Thompson
13. Birthplace: (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name: Mary Jane Bassy
15. Birthplace: (City, town, or county) Ill (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: KC Gen Hospt
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Ill.
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: 2332 Monitor Place; K. C. Mo
19. (a) Jan 5, 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st year 1941 hour 1 minute 20 A.M. M.
21. I hereby certify that I attended the deceased from 12-16-40, 19__, to 1-1-41, 19__; that I last saw him alive on 1-1-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	
Due to: Cardiac Decompensation	
Due to: 4-5-6	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury
23. Signature: Harvey R. Shore (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Montana St

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

If this body is not embalmed, above space should be left blank.