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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9702

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 1111

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: 3825 E. 9 st. Terrace
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3825 East 9 st. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Harvey E. Thompson
3. (b) If veteran, name war none
3. (c) Social Security No. 487-07-7017
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dollie Wattemeyer Thompson
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec (Month) 12 (Day), 1872 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 3 | 3 | hr. ____ min. |

9. Birthplace unknown (City, town, or county) 4 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business American Can Co.
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Dollie W. Thompson
(b) Address 3825 East 9th st. Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) 3/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 15 year 1941 hour ____ minute 6:30 A M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw him alive on ____, 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Pulmonary Congestion
Due to Chronic Fibrous Myocarditis
Due to Atherosclerosis
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

Duration

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 [signature] (M. D. or other) ____
Address K C Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

Get-permit on
T. C.

## 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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independen

**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.**