

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2250

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 Gen'l Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Yrs
years, months or days

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. 531 Walnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 9 - year 1941
hour 10 - minute :30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____
and the death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Bronchial asthma
Due to _____
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? _____

While at work? _____ (Specify type of place)
23. Signature [Signature] (M. D. or other) _____
Address K.C. Mo Date signed _____

3. (a) PRINT FULL NAME JOE THOMPSON

3. (b) If veteran, name war No 3. (c) Social Security Don't know

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy Thompson 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 47 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Miss (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Henry Thompson

13. Birthplace Miss (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Daisy Thompson

(b) Address 15287 Wagon

17. (a) Burial (b) Date thereof 6-13-41
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn K.C. Mo

18. (a) Signature of funeral director [Signature]
(b) Address K.C. Mo

19. (a) 6/12/1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

X25390
043
8. 15

FILED JUL 7 1941

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 Edw. Stevens

Licensed Embalmer No. 3836

P. O. Address 1814 1/2 St. N.W.

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, fact should be so stated above.