G. No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20795

State File No. 2325

FILLED JUL 1941

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: O Vinyard 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 62 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1824 Benton Blvd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen Thompson

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1858

7. Birth date of deceased 1 (Month) 2 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	✓	✓ hr. ✓ min.

9. Birthplace Logansport (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John McDole
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Kate Murphy
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Frank Thompson

(b) Address 5020 Warwick Rd Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director H H Daniels

(b) Address 1576 Mill Ave.

19. (a) 6/18/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 1941 hour 5 minute 45 PM

21. I hereby certify that I attended the deceased from May 28, 1941, to Jun 17, 1941; that I last saw her alive on Jun 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	19 days
Due to Senile Arteriosclerosis	2 yrs
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Sheldon (M.D.)

Address 925 Walnut Date signed 6-18-41

(Licensed Embalmer's Statement on Reverse Side)

K. C. Mo.

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 W. Warren Simpson

Licensed Embalmer No. 3965

P. O. Address Kansas City, Mo.

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.