

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24301

State File No. \_\_\_\_\_

**FILED AUG 16 1941**  
Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 2810

**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 St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11/11/13 Months 4 Days  
(Specify whether years, months or days)  
 In this community 0

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Platte  
 (c) City or town Rural Parkville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R. F. D. #2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -----

**3. (a) PRINT FULL NAME** Martha Schweisinger Thompson  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. -----

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 25th  
 year 1941 hour 10 minute 15 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. Ernest C. Thompson  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased December 23 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 1941 to July 25 1941  
 that I last saw her alive on July 25 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Carcinoma of uterus  
 Duration \_\_\_\_\_

**8. AGE:** Years 43 Months 7 Days 2 If less than one day hr. min.  
 9. Birthplace Waco Texas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Due to ?  
 Due to ?  
 Other conditions 486  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name F. August Schweisinger  
 13. Birthplace Prussia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Josephine Hoffman  
 15. Birthplace Austria  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: As above  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest C. Thompson  
 (b) Address Parkville Mo  
 17. (a) Burial (b) Date thereof 7-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery  
 18. (a) Signature of funeral director O. H. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) July 28-41 (b) m. m. Crowe  
(Date received local registrar) (Registrar's signature)

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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or \_\_\_\_\_)  
 Address 707 no Date signed 7/25/41

361 (Licensed Embalmer's Statement on Reverse Side)

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

2-5-1936  
1360  
W. H. H. H. H. H.

**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. 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.**