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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37617

DEC 22 1941 99

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

4412

Registration District No. \_\_\_\_\_

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: Forest  
1 3131  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3131 Forest  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH A. THOMPSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month Nov day 27 year 1941 hour 7:00 minute am

4. Sex F. 5. Color or race W

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

21. I hereby certify that I attended the deceased from Nov 27 1941 to Nov 27 1941; that I last saw him alive on Nov 27 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Charles Thompson

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr (Month) 19 (Day) 1855 (Year)

Immediate cause of death: Mitral Regurgitation

8. AGE:	Years	Months	Days	If less than one day
<u>86</u>	<u>7</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

Due to Atherosclerosis

Due to Fracture

9. Birthplace Pacheco Ky.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations  Of autopsy

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mildred Clark

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

14. Maiden name Mary Mc Lane

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mr. W.A. Mills

(b) Address 3131 Forest

(Specify type of place) \_\_\_\_\_

While at work?  (b) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature L.V. Hollis (M.D. or other) \_\_\_\_\_

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Carole Davis

(b) Address 3024 Forest

Address 630 Maple St. City Date signed 11/27/41

19. (a) 11-28-41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

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

2/8

**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 *Julia K. Davidson*

Licensed Embalmer No. *1168*

P. O. Address.....

**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.**