S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39995

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4619

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: 40 East 32nd Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25
(c) City or town Plattsburg, 0
(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 x /

3. (a) PRINT FULL NAME Mrs. Eva May Thompson,

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R. Thompson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 11 (Day) 1889 (Year)

8. AGE: Years 53 Months ~~4~~ 5 Days ~~30~~ 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business x

FATHER
12. Name John Johnson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant John R. Thompson
(b) Address R. F. D. #2, Plattsburg, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, Missouri
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h... Deputy Coroner ..... 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Vascular Nephritis -	
Due to Diabetes Mellitus	
Due to	
Other conditions 61 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Above

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 A. E. Upsher M.D. (M. D. or other)
Address 23rd McCoy Date signed 12/11/42

361 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1465

P. O. Address 15 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.