. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17182

FILED JUN 7 1943

Registrar's District No. 1049

Primary Registration District No. 1002

Registrar's No. 2374

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: General Hospital 32 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: few min. (Specify whether years, months or days)
In this community: two months

2. USUAL RESIDENCE OF DECEASED:
(a) State: K.C. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Euclid Ave 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Mathew Thompson
3. (b) If veteran, name war: no
3. (c) Social Security No. unknown
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Viola Thompson
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: Dec. (Month) 16 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
37	4	17	hr. min.

9. Birthplace (City, town, or county) La. (State or foreign country)
10. Usual occupation: Janitor
11. Industry or business: unknown
FATHER
12. Name: Dont Know
13. Birthplace (City, town, or county) Dont Know (State or foreign country)
MOTHER
14. Maiden name: Dont Know
15. Birthplace (City, town, or county) Dont Know (State or foreign country)
16. (a) Informant: Viola Thompson
(b) Address: 70 Grayston Rosedale Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: West Appleton Jones
(b) Address: City.
19. (a) 5-24-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1943 hour 12:01 minute A.M. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19..; that I last saw him alive on —, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Homicide	
Gun shot wound of	
Due to: Abdomen	
Due to: Hemoperitoneum	
Other conditions (Include pregnancy within 3 months of death): — 166	

Major findings:
Of operations:
Of autopsy: yes

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): Homicide
(b) Date of occurrence: 5-3-43
(c) Where did injury occur? Kans. City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home 1692 Euclid (Specify type of place)
While at work? — (e) Means of injury: fire arms
23. Signature: L. P. Richardson (M. D. or other)
Address: 1832 Vine Date signed: 5-3-43

(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 C. A. Kust

Licensed Embalmer No. 2710

P. O. Address Kansas City

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.