

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31003**
3968
Registrar's No. _____

Registration District No. **1002**

Primary Registration District No. **1002**

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

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Days**
(Specify whether)

In this community **81 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **Coronado Apartment Hotel -1212 Linwood**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mary Viola Thompson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband **Mr. Jesse Thompson**

6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **about 81** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Ke Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Vice-President**

11. Industry or business **Gold Star Metal Polish Mfg. Co.**

MOTHER FATHER {

12. Name _____

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

14. Maiden name **unknown**

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

16. (a) Informant **Mr. Ed S. Carroll**

(b) Address **916 Walnut Street**

17. (a) **Cremation** (b) Date thereof **Sept. 15, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-15-43** (b) **J. E. Brown, Dep.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 13** day **13** year **1943** hour **10** minute **20 am.**

21. I hereby certify that I attended the deceased from **1943**, 19 _____, to **Sept 13**, 19 **43**, that I last saw her alive on **Sept 13** and that death occurred on the date and hour stated above.

Immediate cause of death **Compensated Heart Disease**

Due to **Atherosclerosis**

Due to **95c²**

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. P. Boush** (M. D. or other) _____

Address **K.C. Mo.** Date signed **9/13/43**

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.....

A. C. Newromer Jr.

Licensed Embalmer No.....

4843

P. O. Address.....

A. C. Newromer Jr.

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.