

No. 2  
9-4-41  
5-17-39  
X29494

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1785**

FILED JAN 19 1943  
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **5724**

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:  
**3217 Cleveland**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **unknown**  
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. **3217 Cleveland**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James W. Thompson**

3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **unknown**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years **app 65** Months **unknown** Days **9** If less than one day hr. min.

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

10. Usual occupation **unknown**

11. Industry or business **unknown**

MOTHER FATHER  
12. Name **unknown**  
13. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **none**  
(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation **K.C. Dental College Div, University of K.C.**

18. (a) Signature of funeral director **Joyce Funeral Home**

(b) Address **3146 Main St**

19. **Dec 31, 1943** **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15th**  
year **1943** hour **3** minute **05 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
**Reputy Coroner**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Arteriosclerotic Heart**

Due to **Disease**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Inspection of**  
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?

23. Signature **J. E. Brown** (M. D. or other) \_\_\_\_\_  
Address **22 M. Ave** Date **12/18/43**

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

**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 Park F. Rowe

Licensed Embalmer No. 2347

P. O. Address: K. E. 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.**