

FILED MAY 23 1944

Primary Registration District No. 1002

Registrar's No.

2042

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME Ivan Ellsworth Thompson
3. (b) If veteran, name war no.
3. (c) Social Security No. 487-05-7990

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 2, 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 5 If less than one day
hr. min.

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

10. Usual occupation Cook

11. Industry or business Food Industry

MOTHER FATHER { 12. Name Carmi Thompson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Wideman
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Raynsford Thompson
(b) Address 8107 Olive

17. (a) Removal (b) Date thereof May 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director T. J. Steinbacher

(b) Address 3146 Main Street

19. (a) 5-10-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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. Marquette Hotel
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7
year 44 hour 3:00 min 10 M.

21. I hereby certify that I attended the deceased from Armed to Armed 1944
that I last saw him Armed alive on Armed 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia

Due to 108
Due to 108
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations Armed
Of autopsy Armed

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 Armed (M. or other) Armed
Address Armed Date signed Armed

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 S. Rowe

Licensed Embalmer No. 7347

P. O. Address K. E. M.

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.