V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19717

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2423

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: 2700 Tracy Avenue
Krestwoods Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two months
(Specify whether years, months or days)
In this community: 43 yrs.

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.: 301 South Topping
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John M. THOMPSON
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice M. Thompson
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: August 20thm 1869 (Month) (Day) (Year)
8. AGE: Years 75 Months 9 Days 15 If less than one day hr. min.
9. Birthplace: Bonnots Mill, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Federal Govt. River Work.

FATHER
12. Name: John Thompson
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Willson
15. Birthplace: Osage County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Harry Bergin
(b) Address: 220 Brush Creek, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/7/45. (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood, K.C. Mo.
19. (a) 6/6/45. (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 th year 1945 hour 1:20 minute A.M. M.
21. I hereby certify that I attended the deceased from 3-13-45, 19__, to 6-5-45, 19__; that I last saw him alive on 6-4-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute cardiac decompensation	
Due to: acute chronic myocarditis	
Due to: advanced senility	
Other conditions (Include pregnancy within 3 months of death): 93 d	

Major findings:
Of operations: none
Of autopsy: none

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: [illegible] (M. D. or other)
Address: 915 Oak Bldg. Date signed: 6-6-45

(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.....

P. O. Address.....

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.