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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. 26630

Registrar's No. 3591

FILED SEP 10 1945

Registration District No. 179

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-8-45/8-20-45
In this community 27 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4 4

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 701 Penn 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ~~CECIL TOMPKINS~~

3. (b) If veteran, name war no

3. (c) Social Security No. 486-12-3120

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced ~~Widower~~ Single 2

6. (b) Name of husband or wife

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

7. Birth date of deceased 8-7-92 (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Musician

11. Industry or business Ringling Bros. Circus

FATHER
12. Name Robert Tompkins
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Edith Scott
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Atkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 8-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1945 hour 8:30 p.m. minute M.

21. I hereby certify that I attended the deceased from 8-8-45, 19..., to 8-20-45, 19...; that I last saw him alive on 8-20-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration

Due to: Chronic Nephritis

Due to: Hypertensive Heart Disease with decompensation

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131 b
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. Stone (M. D. or other)
Address Gen. Hosp. #2 Date signed

(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.....A. T. Moore.....

Licensed Embalmer No.....948.....

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.