

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6269**

FILED FEB 21 1946

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No..... (If rural, give location)

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

3. (a) PRINT FULL NAME Walter Glenn Thompson

3. (b) If veteran, name war..... 3. (c) Social Security No. 498-24-5133

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1946 hour 4 minute 00 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth E. Thompson 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 8 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-26-46 19, to 2-1-46 19;
that I last saw him alive on Jan 30, 1946 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic leukemia Duration 6 mo.

8. AGE: Years 54 Months 8 Days 23 If less than one day
hr. min.

Due to.....
Due to.....

9. Birthplace Eagleville - Mo.
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

11. Industry or business 3 years with Union Pacific R.R.

Major findings:
Of operations.....

12. Name Homer Thompson

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Mary E. Hurst

15. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

Of autopsy 740

16. (a) Informant Ruth E. Thompson - wife

(b) Address 3416 Baltimore - Kansas City - Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

17. (a) Burial (b) Date thereof Feb 3 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville

(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?

18. (a) Signature of funeral director W. S. Messerslager

(b) Address Higginsville Mo

While at work..... (Specify type of place) (e) Means of injury.....

19. (a) Feb 7 - 1946 (b) Clayton S. Landrum
(Date received local registrar) (Registrar's signature)

23. Signature Love DuBois (M. D. or other) MD
Address Higginsville, Missouri Date signed 2-5-46

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

MOTHER FATHER

OCT 20 1946

MAR 4 1946

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 Roy F Wreger
Licensed Embalmer No. 2883
P. O. Address Higginsville Va

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.