V. S. No. 2
100M—5-43
Rev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30491

FILED OCT 7 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3953

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 NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 1817 HARRISON 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BEN THOMPSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER (Month) 7, (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
54	~~11~~ 10	24	hr. min.

9. Birthplace PLEASANT HILL (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name WILLIAM TYLER THOMPSON 1
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name MARTHA HIGBY
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country) 1

16. (a) Informant EMMETT THOMPSON (Brother)

(b) Address 1817 HARRISON

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

(c) Place: burial or cremation U.C. University

18. (a) Signature of funeral director H.B. Moore

(b) Address 1820 E. 18th

19. (a) 9-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 31, year 1946 hour 2: minute 40 A. M.

21. I hereby certify that I attended the deceased from AUGUST 26, 1946, to AUGUST 31, 1946 that I last saw him alive on AUGUST 31, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Starvation	
Due to Mental Psychosis (type undetermined)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 84 d	

Major findings:
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 0

23. Signature [illegible] (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 9/3/46

(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. HB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.