

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33808

State File No. _____
Registrar's No. **4572**

Registration District No. **149** Primary Registration District No. **1002**

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days** (Specify whether
In this community **10 years** (Specify whether
years, months or days)

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. **5216 St. John**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Thompson**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **486-10-8958**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **28th**
year **1946** hour **1** minute **50** A. M.

4. Sex **Male** () 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Winnie B. Thompson**
6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased: **November 15th 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-21-46** to **10-28-46**
that I last saw him alive on **10-28-46** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 18/3 hr. min.

Immediate cause of death **Encephalomalacia**
Due to **occlusion of Right post cerebral artery**
Due to **Generalized arteriosclerosis**

9. Birthplace: **Collins, St. Clair Co., Missouri**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **83 b**
Of autopsy **as above**
See above

MOTHER FATHER

10. Usual occupation **Retired millwright**
11. Industry or business _____
12. Name **George Charles Thompson**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **George C. Thompson**
(b) Address **5216 St. John, Kansas City, Mo.**
17. (a) **burial** (b) Date thereof **Oct. 30, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Cemetery**
18. (a) Signature of funeral director **Geo. C. Carson**
(b) Address **Independence, Missouri**
19. (a) **10-30-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. K.C. Gen. Hospital** Date signed **10-28-46**

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..... *R. A. Lusk*.....
Licensed Embalmer No. *4123*.....
P. O. Address *Suburban, Md.*.....

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.