

FILED DEC 31 1946

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:
Robinson Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **since 11-9-46**
(Specify whether years, months or days)
 In this community **life**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clay 24**
 (c) City or town **Nashua**
(If outside city or town limits, write "RURAL")
 (d) Street No. **-**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **x**

3. (a) PRINT FULL NAME **Allen M. Thompson**
3. (b) If veteran, name war **no.** **3. (c) Social Security** No. **no.**
4. Sex **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **widowed**
6. (b) Name of husband or wife **Frances Woods Thompson** **6. (c) Age of husband or wife if alive** **dec.** years
7. Birth date of deceased **July 27 1869**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2-18** day year **1946** hour **1** minute **30** am.
21. I hereby certify that I attended the deceased from **Nov. 9** 1946 to **Dec. 18** 1946 that I last saw him alive on **Dec. 17** 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	77	4	28	hr. min.

Immediate cause of death **Lobar Pneumonia** Duration **3 days**
 Due to **Renal pleurisy**
and consolidation to bed **GWK**
 Due to **Cerebral thrombosis**

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions **None**
(Include pregnancy within 3 months of death)

11. Industry or business **x**
MOTHER FATHER
12. Name **Isaac Thompson**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Compton**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: **108**
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. J. B. Dillingham,**
(b) Address **Nashua, Missouri**
17. (a) Burial **(b) Date thereof** **12-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **2nd Creek Cemetery**

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?

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) 12-19-46 **(b) Geraldine Holme**
(Date received local registrar) (Registrar's signature)

23. Signature **Gwene Robinson** **(M.D. or other)**
Address **2625 W. Park** **Date signed** **12/18/46**
(Specify type of place) (Means of injury)

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

39055

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *KC. MO*

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.