

No. 2  
12-15  
17-39  
X47370

**FILED JAN 7 1947**  
Registration District No. **197**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

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

(d) Length of stay: In hospital or institution **3 months**  
**3 months** (Specify whether  
In this community **3 months**  
years, months or days)

3. (a) PRINT FULL NAME **James Russell Thompson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **M**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, child

6. (b) Name of husband or wife

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

7. Birth date of deceased **12-9-22-32**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>14</b>	<b>3</b>	<b>2</b>	<b>0</b>	hr. min.

9. Birthplace **Mosby Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **student**

11. Industry or business

12. Name **Thompson, Clarence**

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

14. Maiden name **Kirkpatrick, Emmalee**  
(City, town, or county) (State or foreign country)

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

16. (c) Informant **Hospital Records**

(b) Address **General Hosp I.C.S. Mo.**

17. (a) **Renewal** (Burial, cremation, or removal) (b) Date thereof **12-22-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Epeleson Springs Mo**

18. (a) Signature of funeral director **Virgil Hoop**

(b) Address **Epeleson Springs Mo**

19. (a) **12-22-46** (Date received local registrar) (b) **Theraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **24**

(c) City or town **Mosby rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12-22-46**  
year..... hour **2** minute **45** AM.

21. I hereby certify that I attended the deceased from **9-22-46**  
**12-**....., 19..... to **12-22-46**....., 19.....  
that I last saw him alive on **12-22-46**....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Poliomyelitis-ateleclasis**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **36**

Major findings:  
Of operations.....

Of autopsy **as above**

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? **5**

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

23. Signature **W. W. Hart** (M. D. or other) **md**  
Address **Gen. Hosp.** Date signed.....

---

**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 James A. Moles  
Licensed Embalmer No. 3296  
P. O. Address Exp Springs 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.**