

FILED MAY 26 1947

State File No. _____

2128

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
914 Linwood Blvd.
(If not in hospital or institution, write street number or location)

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

In this community 22 Years

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. 914 Linwood Blvd. 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JEWELL O. THOMPSON

3. (b) If veteran, name war World War 1 & 2

3. (c) Social Security No. None

4. Sex Male C 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 6th. 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>5</u>	hr. _____ min.

9. Birthplace Butler Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation U. S. Postal Employee

11. Industry or business _____

MOTHER FATHER { 12. Name George O. Thompson

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

14. Maiden name Jennie Ferris

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

16. (a) Informant Karl M. Thompson

(b) Address Monett, Missouri

17. (a) Removal (b) Date thereof 5 - 13 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel White at work _____
(Specify type of place)

(b) Address 104 West 42nd St. Kansas City, Mo.

19. (a) 5-13-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th.
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion

Due to _____

Due to _____

Other conditions Deputy coroner
(Include present only when 3 months of death)

Major findings of operations _____

Of autopsy See above

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? _____

Signature W E Upsher MP
2002 man 5/12/47
(M. D. or other) (Date)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.