V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31485

FILED SEP 23 1947

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3835

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: 35 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.: 4437 Madison 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George C. THOMPSON
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-07-7047
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Vera J. Thompson
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: May (Month) 24 (Day) 1890 (Year)
8. AGE: Years 57 | Months 3 | Days 12 | If less than one day: hr. min.
9. Birthplace: Peru (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Tool and Die Worker
11. Industry or business: American Can Co.
MOTHER FATHER
12. Name: Wm. Thompson
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Pauline A. Thayer
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Miss Margaret Thompson
(b) Address: 4437 Madison, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 9-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 6 year: 1947 hour: 6 minute: 30 A. M.
21. I hereby certify that I attended the deceased from Aug. 19, 1947, to Sept. 6, 1947 that I last saw him alive on Sept. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion-	
Myocardial infarction	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94a	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 9-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.