S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38466

Primary Registration District No. 1002

Registrar's No. 4615

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: 2316 Prospect
(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: 1 yrs.

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.: 2316 Prospect 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT THOMPSON
3. (b) If veteran, name war: no
3. (c) Social Security No.: None

4. Sex: Male 1
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Lula Thompson
6. (c) Age of husband or wife if alive: unk years
7. Birth date of deceased: Feb. (Month) 28. (Day) 1888 (Year)

8. AGE: Years 59 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace: Larksburg, Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:
FATHER 12. Name: Hardy Thompson
13. Birthplace: Arkansas
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lue Edwards
15. Birthplace: Arkansas
(City, town, or county) (State or foreign country)
16. (a) Informant: Lula Thompson
(b) Address: 2316 Prospect
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn Cem. K.C.K.
18. (a) Signature of funeral director: N. W. Thatcher
(b) Address: 1520 N.5th Street (N.K.)
19. (a) 11-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30th year 1947 hour 4: minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct. 28th, 1947, to Oct. 30, 1947; that I last saw him alive on Oct. 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to: "	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy:	

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) 1
While at work? 0 (e) Means of injury:
23. Signature: George H. Wolf (M. D. or other) M. D.
Address: 2123 E. 15th St. Date signed: 11/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1949

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 Nathan W. Thatcher

Licensed Embalmer No. 2780

P. O. Address K.C.K.

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.