S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5204

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 1235 W. Lexington (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: 75 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL") 4
(d) Street No.: 1235 W. Lexington (If rural, give location) 4
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MR. WILLIAM THOMPSON
3. (b) If veteran, name war: none
3. (c) Social Security No. .....
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Margaret Ellen Thompson
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: January 14, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	5	..... hr. ..... min.

9. Birthplace: Jackson County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business: Public Schools

FATHER
12. Name: Chas. Thompson
13. Birthplace: Unknown, Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Jones
15. Birthplace: Jackson County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret E. Thompson
(b) Address: 1235 W. Lexington, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: [signature]
(b) Address: Independence, Mo.
19. (a) 2-21-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1948 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from December 29, 1948 to January 19, 1948 that I last saw him alive on January 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary infarction	21 days
Due to Coronary thrombosis	21 day
Due to Coronary sclerosis	1 year
Other conditions: Had repeated infarctions - Infact 3 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no operation
Of autopsy: no 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)
While at work? ..... (e) Means of injury .....
23. Signature: [signature] M.D. (M.D. or other)
Address: Independence Mo Date signed 2/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 9 1948

FEB 15 1950

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 Tom D. Marbland, Registered Apprentice No. 40, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, Iowa

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.