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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33123
4253
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Wheatley Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2222 Forest
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frances Brown Thompson
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16 year 1948 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from October 12 1948 to October 16 1948
that I last saw her alive on October 16 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal Obstruction

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto L. Thompson
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 14, 1888

Duration
Due to Post-Operative Adhesions
Due to
Other conditions
Major findings: Of operations
Of autopsy

8. AGE: Years 66 Months 6 Days 2
9. Birthplace Lexington, Missouri
10. Usual occupation Housewife
11. Industry or business

PHYSICIAN
Underline the cause to which death should be charged statistically.
12-18

MOTHER FATHER
12. Name Hicidis McCorkle
13. Birthplace Lexington, Missouri
14. Maiden name Unknown
15. Birthplace Lexington, Missouri
16. (a) Informant Otto L. Thompson
(b) Address 2222 Forest
17. (a) Burial (b) Date thereof 10/19/48
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1723 1/2 Lydia Avenue
19. (a) 10-19-48 (b) Geraldine Holmes

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature (Specify type of place) While at work? Means of injury
C. Turner
Address 1433 E. 19th Date signed 10-18

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.....

E. J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2573 Highland

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.