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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 36912

Registrar's No. 4734

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: 2835 Olive
(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: 38 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2835 Olive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Manie Harvey Thompson

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James Leonard Thompson

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: August 18, 1890 (Month) (Day) (Year)

8. AGE: Years 58 | Months 2 | Days 28 | If less than one day, hr. min.

9. Birthplace: Hot Springs, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Harvey
13. Birthplace: Jordan, Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amanda Johnson
15. Birthplace: Antwine, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: James Thompson
(b) Address: 2835 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Lawn

18. (a) Signature of funeral director: Wathen Bros.
(b) Address: 729 Lydia Ave.

19. (a) 11-19-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 16 year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-22- 1948, to 11-10- 1948, that I last saw he alive on 11-10- 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the lung

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: N

Of autopsy:

Duration

PHYSICIAN — Underline the cause to 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: E. J. Marshall (M. D. or coroner) E. J. Marshall

Address: 2206 W. E. 19 St. K.C. Mo. Date signed 11-18-48

(Licensed Embalmer's Statement on Reverse Side)

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.