

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

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: 5900 McGee Street
(d) Length of stay: In hospital or institution none
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5900 McGee Street
(e) Citizen of foreign country? no

3: (a) PRINT FULL NAME R. Raymond THOMSON
3. (b) If veteran, name war no 3. (c) Social Security No. 340-09-200 5
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josephine C. Thomson 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased December 30, 1902

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30 year 1948 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from Sept 41 to Dec 30 1948 that I last saw him alive on Dec 30 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 0 Days 0 If less than one day hr. min.

Immediate cause of death acute leukemia fulminans
Due to Coronary thrombosis
Due to Coronary thrombosis
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations none Of autopsy none
Duration 30 M. U. 4 weeks 1941

9. Birthplace Brooklyn, New York
10. Usual occupation Sales Engineer

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

11. Industry or business Combustion Engineering Co., Inc
12. Name Robert J. Thomson
13. Birthplace St. John, Canada
14. Maiden name Anna C. Wagner
15. Birthplace Brooklyn, New York

16. (a) Informant Mrs. Josephine C. Thomson
(b) Address 5900 McGee St., K. C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-31-48
(c) Place: burial or cremation Brooklyn, New York

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?

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 12-30-48 (b) Geraldine Holmes

While at work: (Specify type of place) (c) Means of injury John T. Skinner
23. Signature John T. Skinner (M. D. or other) M.D.
Address 1102 Grand Date signed 12-30-48

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

MOTHER FATHER

J. C. M.

Dr. J. T. Sheppard

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.