S. No. 300
V. 10.48

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

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7747

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City
c. LENGTH OF STAY (in this place): 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1310 Erie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): R.R. 8 North Kansas City Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): L
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 5, 1883
9. AGE (In years last birthday): 65 — If under 1 year: Months x, Days x; If under 24 hrs.: Hours x, Min. x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dryer operator
10b. KIND OF BUSINESS OR INDUSTRY: Corn Products
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Thompson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lula Mae Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: 495-10-6568
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Monrice Thompson R.R 8 North K.C.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): Coronors Case

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Coronors Case
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): North Kansas City Clay Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 26 1949 1:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Coronors Case

22. *I hereby certify that I attended the deceased from* ~~Coronors Case~~, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. C. Campbell M.D.
23b. ADDRESS: North Kansas City
23c. DATE SIGNED: Feb. 26 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28 1949
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Liberty Mo.

DATE REC'D BY LOCAL REG.: Feb 28-1949
REGISTRAR'S SIGNATURE: Beulah Kitchen
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morton-Smith's North Kansas C

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 15

4-1-49

APR 21 1950

DEC 8 1950

NOV 20 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 _____, Student Embalmer No. _____, working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

Signed _____
Student Embalmer

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.