

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12734  
1643

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 yers		d. STREET ADDRESS (If rural, give location) 1109 Paseo Blvd	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home 1109 Paseo			

3. NAME OF DECEASED (Type or Print) Richard William Thompson			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1949		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-1-1882	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Mins. 6 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clothing Co		11. BIRTHPLACE (State or foreign country) St Joseph 770 U	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Henry Thompson		13b. MOTHER'S MAIDEN NAME Maggie Thompson	
14. NAME OF DECEASED'S WIFE Maggie Thompson		1109 Paseo		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 495-07-8692		17. INFORMANT'S SIGNATURE OR NAME Maggie Thompson		ADDRESS 1109 Paseo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		DUE TO (b) Cerebral hemorrhage			Jan 3, 49 to 4/11/49	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		321X				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 3, 1949, to April 11, 1949, that I last saw the deceased alive on 4-11, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE L. W. Booker		23b. ADDRESS 2028 Vine St		23c. DATE SIGNED 4-12-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 14-49		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City - 2028 Blumidge	
DATE REC'D BY LOCAL REG. 4-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE West Appleton & Jones		ADDRESS 1905 Vine St	

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*[Handwritten Signature]*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*2710*

P. O. Address \_\_\_\_\_

*K. E. MO.*

**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.