

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23680

State File No. ....

3302

FILED AUG 12 1949  
BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>	
c. LENGTH OF STAY in this place <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Squire Heights N.K.C.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1 D</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 14-1898</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self.</u>	11. BIRTHPLACE (State or foreign country) <u>Quebec Canada.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane</u>	14. NAME OF HUSBAND OR WIFE <u>Clifton M. Thompson N.K.C.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifton M. Thompson N.K.C.</u>	ADDRESS <u>N.K.C.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral bronchiectasis far advanced</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <u>5-6 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 28, 1949 to July 28, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)	23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>	23c. DATE SIGNED <u>7-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-30-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smiths</u>	ADDRESS <u>North K.C.</u>
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*Dr. Gunn*

**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.

Student .....  
Student Embalmer

Signed *Theron Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.