

No. 300  
10-48  
FILED SEP 2 1949

## STANDARD CERTIFICATE OF DEATH

27072  
State File No. 3559

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3559			
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. LENGTH OF STAY (in this place) 6 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		563			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Benton Blvd				d. STREET ADDRESS (If rural, give location) 3410 BENTON BLVD.					
3. NAME OF DECEASED (Type or Print) Thomas ELIHU THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) Aug. 16-1949						
5. SEX Male		6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 9-1862			
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALOONMAN		11. BIRTHPLACE (State or foreign country) GREEN CO. ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME MARION THOMPSON		13b. MOTHER'S MAIDEN NAME MARY ANN THOMPSON		14. NAME OF HUSBAND OR WIFE W. G. MO					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Thompson 3410 Benton Blvd.					
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 1 wk	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. Chronic Glomerulonephritis 12 yrs Generalized Arteriosclerosis 2 yrs Hypertrophic Prostatitis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 (Month) (Day) (Year) (Hour) (Min.)		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 July 10, 1949, to Aug. 16, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at 7:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) Leo M. Mulden Leo M. Mulden M. D.				23b. ADDRESS 3548 Indiana		23c. DATE SIGNED 8-16-49			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-19-49		24c. NAME OF CEMETERY OR CREMATORY RIDGEVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) AMITY MO			
DATE REC'D BY LOCAL REG 8-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK		ADDRESS CAMERON MO			

(Licensed Embalmer's Statement on Reverse Side)

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

1949-8-16  
1862-4-9  
87-4-7

**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 W. M. Crunk

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

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.