

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1394

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>162</u>	
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>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Over 20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3118 Broadway Blvd. Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3478</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3118 BROADWAY</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma Van Sant</u> b. (Middle) _____ c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-50</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-14-52</u>		9. AGE (In years last birthday) <u>97</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
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		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>James Van Sant</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Douglas</u>		14. NAME OF HUSBAND OR WIFE <u>Squire Thompson</u>			
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>3118 ADDRESS</u> <u>Elizabeth Douglas Thompson</u> <u>Brdway.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old Age. Patient has gradually grown weaker for the last 3 years, never been sick, just slept her self away.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>I have been her physician for many years. Would call to see her just to satisfy her. Saw her last in June '49, when called yesterday, I found her dead when I arrived at her home.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1949</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour)		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 <u>for many years, 1-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June</u> , 19 <u>49</u> , and that death occurred at <u>3 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Myers M.D.</u> (Degree or title)				23b. ADDRESS <u>1115 Grand Ave.</u>		23c. DATE SIGNED <u>Jan 13, 50</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>1/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHARINDA LA. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CHARINDA IOWA</u>	
DATE REC'D BY LOCAL REG. <u>1-12-50</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u> ADDRESS <u>R. C. MO.</u>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eugene L. Harmon*

Licensed Embalmer No. *4633*

P. O. Address *Kansas City 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.