

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9047

State File No. ....

882

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )  |  | c. LENGTH OF STAY (in this place) <u>19 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )  |  | d. STREET ADDRESS (If rural, give location) <u>1523 Lydia Avenue</u>             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1523 Lydia Avenue</u>  |  |   |  | d. STREET ADDRESS: <u>1523 Lydia Avenue</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u>   |  | b. (Middle) <u>Thompson</u>   |  | c. (Last) _____  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1950</u>                       |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>Negro</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>June 20, 1892</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country) <u>Monroe, Louisiana</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Fate Thompson</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>Lillian Thompson</u>                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>437-16-8508</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Thompson</u>  |  | ADDRESS <u>1523 Lydia</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma Poison</u>  |  |  |  | <u>4 days</u>  |  |
|  |  | ANTECEDENT CAUSES   |  |  |  |  |  |
|  |  | <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Ch. Interstitial Nephritis</u></p>                             |  |  |  | <u>2 mo</u>  |  |
|  |  | <p>DUE TO (c) <u>Hypertensive Type II disease</u></p>   |  |  |  | <u>6 mo</u>  |  |
|  |  | <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death</p> <p><u>Acute Congestive HF Failure</u></p> |  |  |  | <u>3 days</u>  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>no</u>  |  |  |  | 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 (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>1-24-</u> , <u>1950</u> , to <u>2-20-</u> , <u>1950</u> , that I last saw the deceased alive on <u>2-20-</u> , <u>1950</u> , and that death occurred at <u>7:22</u> m., from the cause and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>J. S. Wells</u> (Degree or title) _____  |  |   |  | 23b. ADDRESS <u>2122 E. 15th St. KC Mo</u>   |  | 23c. DATE SIGNED <u>2-24-50</u>  |  |
| 24a. BURIAL (CREMATION REMOVED) (Specify) <u>Burial</u>  |  | 24b. DATE <u>2/25/50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>         |  |
| DATE REC'D BY LOCAL REG. <u>2-25-50</u>  |  | REGISTRAR'S SIGNATURE <u>Aldredine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bur.</u> ADDRESS <u>1729 Lydia</u>   |  |  |  |

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

APR 6 1950

*Dr. J. S. Miller*

**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 *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

**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.