

FILED JAN 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41047

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5240

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1605 1/2 E. 10th. St.		d. STREET ADDRESS (If rural, give location) 923 Paseo	

3. NAME OF DECEASED (Type or Print) HOMER THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 8, 1893	9. AGE (In years last birthday) 57	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cameron, Mo.	

13a. FATHER'S NAME Ephraim Thompson	13b. MOTHER'S MAIDEN NAME Sarah Thompson	14. NAME OF HUSBAND OR WIFE Bessie Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I	16. SOCIAL SECURITY NO. 495-01-2377	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Thompson - 923 Paseo
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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) Stroke & hemorrhage		
ANTECEDENT CAUSES Morbid conditions, if any, which led to (b) rise to the above cause (a) stating the underlying cause last. Fractured left thigh & crushed left chest		DUE TO (c) auto + pedestrian	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E 81 25	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOME (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) 1605 1/2 E. 10th St. Kansas City, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, MO.
21d. TIME OF INJURY (Month) (Day) (Year) 12/8/1950	21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto trauma

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones	23b. ADDRESS 1612 E 12th St	23c. DATE SIGNED 12/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/'50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, MO.
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DATE REC'D BY LOCAL REG. 12-12-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Bills 1212 Vine
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 9 24/1

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *E. Sterling Belle*

Licensed Embalmer No. *3178*

P. O. Address *1212 W. 1st St.*

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.