

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23257

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2958	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Mo		b. COUNTY Jackson		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1625 Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial							
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Freda			b. (Middle) M.			c. (Last) Thompson	
6. COLOR OR RACE Wk-			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH April 4, 1901	
9. AGE (in years last birthday) 50			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Companion			10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William Garrett		13b. MOTHER'S MAIDEN NAME Carrie M. Bungardner		14. NAME OF HUSBAND OR WIFE William Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Barnhardt, 3020 Charlotte, KC Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia				3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				7 days	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				7 days	
		DUE TO (b) Right temporal lobe laceration				E9000	
		DUE TO (c) Fractured skull				21	
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 same as above 123				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-30-51 4pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR fall down stairs			
22. I hereby certify that I attended the deceased from 7/2, 1951, to 7/9, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 9:32 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Leo H. Pollock, M.D. (Degree or title)				23b. ADDRESS 1310 Bryan Bldg		23c. DATE SIGNED 7/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-12-51		REGISTRAR'S SIGNATURE Geraldine Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri			

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.....

M. Knutzy

working under my personal supervision.

Student Embalmer No. 431

Signed.....
M. Knutzy
Student Embalmer

Signed.....
Joseph M. McCarthy
Licensed Embalmer No. 4694

P. O. Address K.C. 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.