

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35247
4625

State File No.

FILED NOV 8 1952

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

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>69 years</u>		d. STREET ADDRESS (If rural, give location) <u>624 Norton Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>			

3. NAME OF DECEASED a. (First) Mrs. MARY b. (Middle) _____ c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) October 19, 1952

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Widowed

8. DATE OF BIRTH July 19, 1883 **9. AGE** (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Bldg. Maintenance **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Kansas City, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Chris Wolfrum **13b. MOTHER'S MAIDEN NAME** Margaret Braun **14. NAME OF HUSBAND OR WIFE** August Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. Unknown **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Milton Prussing **ADDRESS** Libertyville, Ill.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) mitral and aortic stenosis
DUE TO (c) Proteptic Rheumatic fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

INTERVAL BETWEEN ONSET AND DEATH
2 months
2 years
unknown
20 years

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 20, 1951, to Oct 19, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 1 P. M., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) _____ **23b. ADDRESS** MD 1105 Grand Ave. Pittsburg **23c. DATE SIGNED** 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 10-22-52 **24c. NAME OF CEMETERY OR CREMATORY** Elmwood Cemetery **24d. LOCATION (City, town, or county) (State)** Kansas City, Missouri

DATE REC'D BY LOCAL REG. 10-22-52 **REGISTRAR'S SIGNATURE** Seraldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** The Nugent Funeral Home **ADDRESS** Kansas City, Ka

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert Emmet Dugent

Signed,
Student Embalmer

Licensed Embalmer No. 3491

P. O. Address: 1900 Central Ave. S.C.

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.