

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 759

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| 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>32 years</u> | | d. STREET ADDRESS (If rural, give location) <u>2309 WABASH 3398</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2309 WABASH</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BIRDIE</u> b. (Middle) <u>THOMPSON</u> c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 21 1953</u> | |
| 5. SEX <u>3</u> <u>FEMALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JANUARY 29, 1896</u> |
| 9. AGE (In years last birthday) <u>57</u> | 10. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 13c. FATHER'S NAME _____ | | 14. NAME OF HUSBAND OR WIFE <u>HARVEY THOMPSON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Thompson</u> | | ADDRESS <u>2309 Wabash Kansas City, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____ | |
| 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) <u>K Jackson Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | 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>Oct 10, 1952</u> , to <u>Feb 21, 1953</u> , that I last saw the deceased alive on <u>Feb 21, 1953</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>L. W. Turner</u> | | 23b. ADDRESS <u>1612 E 12</u> | |
| 23c. DATE SIGNED <u>2/3/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>FEB. 6, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> |
| DATE REC'D BY LOCAL REG. <u>2-4-53</u> | REGISTRAR'S SIGNATURE <u>Geroldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie D. Meek</u> | |
| | | ADDRESS <u>Kansas City, 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 Fannie G. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City

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.