

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39315**  
**5267**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>30 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1624 Garfield, Apt. 32</b>	<b>32<sup>5</sup>D</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle)		c. (Last) <b>Thompkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 4 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 1900</b>		9. AGE (In years less birthday) <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Jessie Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Elnora Walker</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Thompkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Anderson</b>	
				ADDRESS <b>2927 Wabash</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anemia with Malnutrition &amp; dehydration</b>		DUE TO (b) <b>Suspected Carcinoma of stomach</b>				<b>151<sup>h</sup></b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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)			
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 10-26-53, 1953, to 11-4-53, 1953, that I last saw the deceased alive on 11-4-53, 1953, and that death occurred at 2:10 a m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. Frank Ellis MD</b> (Degree or title)		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>11-5-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 6, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clarendon, Arkansas</b>	
		24d. LOCATION (City, town, or county) (State) <b>Clarendon, Arkansas</b>			

DATE REC'D BY LOCAL REG. <b>11-6-53</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Myrtle Williams</b>	
				ADDRESS <b>7729 Sepia</b>	

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. 479 working under my personal supervision..

Student Hazel Hendrix  
Signature of Student Embalmer

Signed J. J. Manlove  
Licensed Embalmer No. 3999

P. O. Address #729 1/2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.