DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35006

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3981

1. PLACE OF DEATH:

(a) County Jackson REC'D NOV 14 1939

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
201 Brush Creek Blvd. Residence. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 201 Brush Creek Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisy M. Thompson 512

3. (b) If veteran, name war ----No---- 3. (c) Social Security No. -no---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James R. Thompson Jr. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan. 2nd, 1890
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business -------- 0

FATHER
12. Name Dr. Foster E. Ackley
13. Birthplace Penna.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine L. Pritchard
15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James R. Thompson, Jr.,
(b) Address 201 Brush Creek, Blvd., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16th, 39
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C.Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue, K.C.Mo.

19. (a) 10/16/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th. 1939
year 1939 hour 7 minute 24 P.M.

21. I hereby certify that I attended the deceased from May 5 - 1939, to Oct 13 - 1939
that I last saw her alive on Oct 12 - 39, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to	
Due to 23	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Herbert L. Mantz (M. D. or other) 1
Address 814 Med Arts Date signed 10-13-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
1 X19511

No 5100

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address R. C. Me.

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, above space should be left blank.