

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.

FILED MAY 13 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13722  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1434  
 (c) City Kansas City (d) Street No. St. Joseph's Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Elizabeth F. Thompson  
 (a) Residence, No. 423 North Brighton St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. George W. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>49</u>	<u>5</u>	<u>0</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Afton Iowa  
 13. NAME John Cowl  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pennsylvania

MOTHER  
 15. MAIDEN NAME Eva White  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York

17. INFORMANT Mr. George W. Thompson  
 (ADDRESS) 423 North Brighton

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Removal Afton Iowa DATE April 1, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Sons 1401 Brush Creek Blvd.

20. FILED April 1, 1940 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-40 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him April 1, 1940, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Suicide  
Ruptured aortic aneurysm  
169

Date of onset

Other contributory causes of importance:  
Fracture of left leg  
2 ribs on left  
2 ribs on right

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Suicide Date of injury 3-31-40  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun  
 Nature of injury 5 ft

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Dr. Russell W. Fox, M. D.  
 (Address) \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**