

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13833

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1545

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Research Hospital  
(If not in hospital of institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Hours  
(Specify whether  
In this community 43 Years  
years, months or days)

3. (a) PRINT FULL NAME Murray Thompson <sup>572</sup>

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Gertrude Thompson 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February 25 1897  
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Part Owner-Golden Star Pol

11. Industry or business Owner-Frances Cleaners

12. Name Jessye Thompson

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mary V. Iugh

15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Thompson

(b) Address 3121 Forest Avenue

17. (a) Burial (b) Date thereof April 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Independence, Missouri

18. (a) Signature of funeral director A. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) April 9, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3121 Forest Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1940 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from 4-8-40  
1940, to 4-9-40, 1940

that I last saw him alive on 4-8-40, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Rt. Lung  
Septic Pneumonia.  
Due to 108

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Under conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy M

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Donald S. Smith (S. D. or other) \_\_\_\_\_  
Address 727 N. 1st St. Independence, Mo. Date signed 4/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-5-1  
1

**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 George M. Collier

Licensed Embalmer No. 3839

P.O. Address D.C., Md.

**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.**