

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2599

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

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:
Railroad tracks - 4th & Bluff 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Dont Know
 years, months or days

8. (a) PRINT FULL NAME Jesse Thompson 512
 8. (b) If veteran, name war Dont Know
 8. (c) Social Security No. unknown

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced unknown
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 — — — hr. — min.

9. Birthplace Dont Know 9
 (City, town, or county) (State or foreign country)

10. Usual occupation 1 9

11. Industry or business 1 9

MOTHER FATHER
 12. Name Dont Know 9
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Appleton & Jones
 (b) Address Kla Mo

17. (a) BURIAL (b) Date thereof 6-18-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLURIDGE CEMETERY

18. (a) Signature of funeral director Wesley Appleton & Jones
 (b) Address 11 E. 11th St.

19. (a) June 26, 1940 (b) M. M. Carrow
 (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. Dont Know
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12
 year 1940 hour 7:35 minute over A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Brushing Against Alley
at High Speed
Fell under Train
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 207/30
 30

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 6-12-40
 (c) Where did injury occur? Kansas City
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on R.R. Right way
 (Specify type of place) (e) Means of injury _____
 While at work _____
 23. Signature Russell Jensen (M. D. or other) _____
 Address _____ Date signed _____

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

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.....

N. J. West

Licensed Embalmer No.....

2710

P. O. Address.....

K. C. M. O

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.