

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 35

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:
K.C. Convalescent Home, 3200 Norledge Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days 3
(Specify whether
In this community 20 Years
years, months or days)

3. (a) PRINT FULL NAME JAMES S. THOMPSON

3. (b) If veteran, James S. Thompson Social Security name war. No. No. No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 9 divorced Unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Janitor

12. Name Thompson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Grace Angler

(b) Address 1909 Broadway

17. (a) Cremation (b) Date thereof Jan. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-4-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1911 Broadway 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
1941 year 9 hour 30 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 20, 1940
to _____, 19____;
that I last saw him alive on Jan 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) 0

Address 3200 Norledge Ave Date signed 1-3-41

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

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

MOTHER, FATHER

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. C. Mc...*

Licensed Embalmer No. 4043

P. O. Address N. C. Mo.

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.