No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1410

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 370

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: St. Joseph Hospital Doctor attendance (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Born here years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (Rural) 8 (If outside city or town limits, write "RURAL")
(d) Street No. 8300 Flora (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jimmie Joe Thorpe
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 4 (Day) 1940 (Year)

8. AGE: Years 1 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Elwood J. Thorpe
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Jennie Wiles
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Elwood Thorpe
(b) Address 8300 Flora
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) Jan 25 1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd year 1941 hour 9:02 PM minute M.
21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 22, 1941; that I last saw him alive on Jan 4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis	2 days
Due to Influenza 22	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cerebro spinal irritation with inflamed meninges	

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)
(e) While at work? (f) Means of injury
23. Signature H. H. Graham (M. D. or other) M.D.
Address 918 Coyle Bldg. Date signed 1-2

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wallace Graham
argyle aldg
1-5

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 Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address KC Md

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

If this body is not embalmed, fact should be so stated above.