

FILED - JUN 10 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 17163  
Registrar's No. 1825

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo.  
(c) Name of hospital or institution:  
316 East 68th, Street.  
(d) Length of stay: In hospital or institution 1 Yr.  
In this community 1 Yr.

3. (a) PRINT FULL NAME Ada Belle THOMPSON.  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bernard Thompson  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 1st, 1874.

8. AGE: Years 67 Months 1 Days 6  
If less than one day hr. min.

9. Birthplace Holden Missouri

10. Usual occupation At Home

11. Industry or business

12. Name W. W. Howard.  
13. Birthplace Kentucky.  
14. Maiden name Emiley Jane Hutchison.  
15. Birthplace Kentucky.

16. (a) Informant Ralph F. Lane.  
(b) Address 316 East 68th, Street

17. (a) Burial. (b) Date thereof 5/9/41  
(c) Place: burial or cremation Floral Hills.

18. (a) Signature of funeral director Melody McGilley.  
(b) Address K. C. Mo.

19. (a) May 8, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(d) Street No. 316 East 68th, Street.  
(e) If foreign born, how long in U. S. A.? 0 years.

20. DATE OF DEATH: Month May day 7  
year 1941 hour 6:30 minute P M.  
21. I hereby certify that I attended the deceased from Dec.  
1940 to April 1, 1941  
that I last saw her alive on April 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Leasrhac. Thrombosis  
Due to 108  
Due to 108

Other conditions Cancer of uterus  
(Include pregnancy within 3 months of death)

Major findings: 45  
Of operations  
Of autopsy  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work  
(e) Organ of injury 0  
23. Signature G. M. Frankel (M. D. or other)  
Address 224 Prairie Ridge Date signed May 8, 1941

*W. H. ...  
906 ...*

**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. 267

working under my personal supervision.

Signed

Licensed Embalmer No. 2099

P. O. Address KC

**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, fact should be so stated above.**