No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24190

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2729

048 3 8

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: Kansas City Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 mo - 8 days (Specify whether years, months or days)
In this community: 20 years - 0

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.: 520 W. 12th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Elizabeth Thompson -
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Thompson -
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Nov - 9 - 1885 (Month) (Day) (Year)

8. AGE: Years: 55 | Months: 8 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Montgomery (City, town, or county) Alabama (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: Edward Nelson
13. Birthplace: Alabama - (City, town, or county) (State or foreign country)
14. Maiden name: Mary Calhoun
15. Birthplace: North Carolina - (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital Records -
(b) Address: Leeds - Mo -
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cem.
18. (a) Signature of funeral director: Akins Bros.
(b) Address: 2000 E 12th
19. (a) 7-21-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1941 hour 9 minute 58 P.M.
21. I hereby certify that I attended the deceased from August 9 1940 to July 17 1941; that I last saw her alive on July 17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
1315	
Due to	
1312	
Other conditions: Diabetes (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: K. C. T. B. Hospital Date signed: 7/17/41

301 (Licensed Embalmer's Statement on Reverse Side) L. C. Eus

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.....

Licensed Embalmer No. 3836

P. O. Address.....

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

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