V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32991

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3947

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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: 2015 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

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. 2015 Montgall
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Johnny Thompson

3. (b) If veteran, name war None

3. (c) Social Security No. 500-12-2257

4. Sex M

5. Color or race Col

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 May (Month) 2, (Day) 1906 (Year)

8. AGE: Years 36 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Pleasant Hill (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business .....

FATHER
12. Name Ulysses Thompson
13. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Daisy Johnson
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ulysses Thompson
(b) Address 2015 Montgall

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 10-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1942 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration

Due to .....

Due to 107

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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 L. P. Richard (Sign, or other)

Address 1832 Vine Date signed 10-26-42

(Licensed Embalmer's Statement on Reverse Side)

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. Isaac Jerome Manlove

Licensed Embalmer No. 3944

P. O. Address 2503 Highland

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.