

S. No. 2  
I-542  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36429

State File No. ....

FILED DEC 7 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4335

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 623 Holmes  
(d) Length of stay: In hospital or institution About 20 yrs.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 623 Holmes  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ella Grimes Thompson

3. (b) If veteran, name war  
3. (c) Social Security No. No

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Mot.

6. (b) Name of husband or wife Henry Thompson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased (Month) (Day) (Year) 1879

8. AGE: Years 52 Months Days If less than one day hr. min.

9. Birthplace Pilot Grove Mo.

10. Usual occupation House work

11. Industry or business

12. Name Aunt Miller

13. Birthplace York 9

14. Maiden name Annie Bartee

15. Birthplace Pilot Grove Mo.

16. (a) Informant Owen C. Bruner Marshall  
(b) Address 532 E. Washington St. Mo.

17. (a) Burial (b) Date thereof 11-23 1942  
(c) Place: burial or cremation Nelson Mo.

18. (a) Signature of funeral director Adkins Bros.  
(b) Address 2000 E. 12th St. Mo.

19. (a) 11-21-42 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1942 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Oct 3 - 47 Nov 20 - 1942  
that I last saw him alive on 11-20-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism  
Duration

Due to 6 a. of Left Heart.

Due to High B. possibly metastasis to Lungs

Other conditions (Include pregnancy within 3 months of death) 50

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:  
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 J. H. Sudduth, M.D. or other) Address Date signed

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

MOTHER FATHER

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**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.....

P. O. Address.....

**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.**