

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 7 1942  
Registration District No. 147

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36430  
State File No. 4373  
Registrar's No. 4373

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution: VINEYARD PARK HOSP.  
(d) Length of stay: In hospital or institution 4 days  
In this community Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County LIVINGSTON  
(c) City or town Chillicothe RR #5  
(d) Street No. R.R. #5  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MRS. FLORA THOMPSON  
(b) If veteran, name war NO  
(c) Social Security No. NO

20. DATE OF DEATH: Month NOV. day 26  
year 1942 hour 10 minute 45 P.M.

4. Sex Fe 5. Color or race wh  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife Mose THOMPSON  
(c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Dec 12 1895

21. I hereby certify that I attended the deceased from Nov 24 1942 to Nov 26 1942  
that I last saw him alive on Nov 26 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 11 Days 14

Immediate cause of death: Euthatic Drug Shock  
Duration 2 days

9. Birthplace: Livingston Co., Missouri

Due to: Hypertension  
Due to: Uteric Tubercular Epithelioma

10. Usual occupation: Housewife

Other conditions: SLB  
(Include pregnancy within 3 months of death)

11. Industry or business: At Home

MOTHER FATHER  
12. Name: W. S. ANDERSON  
13. Birthplace: Livingston Co., Mo  
14. Maiden name: ANNA JONES  
15. Birthplace: Livingston Co., Mo

Major findings:  
Of operations:  
Of autopsy:  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mose Thompson

(b) Address: Rt. 5 Chillicothe Mo  
17. (a) REMOVAL (b) Date thereof: 11-26-42

(c) Place: burial or cremation: Chillicothe

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?

18. (a) Signature of funeral director: J. W. Newcomer's Sons  
(b) Address: 1401 Brush Creek Blvd.

19. (a) 11-26-42 (b) M. M. Crowe

(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. E. Sheldon (M.D. certifier)  
Address: 522 West 1st Date signed: 11-27-42

JAN 11 1949

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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 *Ernest C. Shikler*  
Licensed Embalmer No. 4234  
P. O. Address B. C. Mo.

**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.**