

FILED DEC 7 1942

Registration District No. **149**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **R.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 days** (Specify whether years, months or days)  
In this community **65 years**

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2632 Troost Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Rola Porter Thompson**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **19th** year **1942** hour **11** minute **15** P. M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna May Thompson** 6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **June 29, 1872**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-22-42**, 19, to **11-19-42**, 19;  
that I last saw him alive on **11-19-42**, 19;  
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **4** Days **20** If less than one day hr. min.

Immediate cause of death **Diabetes with diabetic gangrene of feet**  
Duration  
Due to **61**

9. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shipping Clerk**

11. Industry or business **Swift & company (Retired)**

12. Name **John Jackson Thompson**

13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa E. Overley**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shella Friemiel**

(b) Address **3225 Potomic St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **11/21/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **11-20-42** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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?

While at work (Specify type of place) Means of injury

23. Signature **Quay R. Brown** (M. D. or other)

Address **Med. Dir. K.C. Gen. Hospital, K. C. Mo.** Date signed

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. Clair Shippard

Licensed Embalmer No. 4179

P. O. Address K. 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.**