

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 30 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 205

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:
2124 Prospect /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community One and one half (Specify whether years, months or days) yr.

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. 2124 Prospect
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John M. Thompson

3. (b) If veteran, name war. No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-23-42 19____ to 1-14-43 19____

4. Sex Male 5. Color or Race Negro

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 10 - 1866
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

76 I 14 _____ hr. _____ min.

Duration

Bronch. Pneumonia 14 days

Due to Climate Exposure

9. Birthplace Dewitt Mo
(City, town, or county) (State or foreign country)

Due to Dr. Detestator's Negligence

10. Usual occupation Unemployed

Other conditions: Uremia 1 wk
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER {

12. Name Dont Know 9

13. Birthplace " " Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know " " " "

15. Birthplace " " " " 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant Gertrude Peeler

(b) Address 2124 Prospect Ave

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? _____

17. (a) Removal (b) Date thereof Jan. 14 - 43
(Burial, cremation, or repository) (Month) (Day) (Year)

(c) Place: burial or cremation Northside M.O.

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director W. S. Wells

(b) Address 1905 Vine St.

23. Signature J. S. Wells (M. D. or other) _____

Address 1665 E 18th St. KC Mo Dated 1-14-43

19. (a) 1-14-43 (b) W. M. Brown
(Date received local registrar) (Registrar's signature)

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

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 *C. H. West*

Licensed Embalmer No. 2710

P.O. Address Y. C. M. O.

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.