S. No. 2
—1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9698

State File No.

Registration District No. ~~85~~ 42

Primary Registration District No. ~~1001~~ 1000

Registrar's No. 337

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months 17 days (Specify whether
In this community 3 months - 17 days.
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. 1925 Poplar St.
(If rural, give location)

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

If yes, name country 0

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

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

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

9. Birthplace Fayette Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation unknown

11. Industry or business

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

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

16. (a) Informant Mrs. Margaret Gowery
(b) Address 1925 Poplar St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director B H Blackmore
(b) Address Kansas City, Mo

19. (a) 3-28-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1943 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from 12-10- 1942 to 3-27- 1943 that I last saw him alive on 3-26- 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Cerebral Arterio-sclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

09.1

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 0

23. Signature T. H. Dunham (M. D. or other)

Address State Hospital No. 2. Date signed 3-27-43

1233 (Licensed Embalmer's Statement on Reverse Side) J. H. Morroway. O. D.

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 G. H. Blackiner

Licensed Embalmer No. 2244

P. O. Address K C - MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.