

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6046

FILED MAR 10 1946
Registration District No. 146

Primary Registration District No. 5568

State File No. _____

Registrar's No. 63

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

1. PLACE OF DEATH: Jackson
(a) County: ~~Franklin~~
(b) City or town: Independence Rural
(c) Name of hospital or institution: 812 Harkless Blue Supp. 1
(d) Length of stay: In hospital or institution: 52 years
In this community: _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence Rural
(d) Street No.: 812 Harkless Blue Supp. 1
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: IRA H. THOMPSON
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17
year 1946 hour 6 minute 00 P. M.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Esther Thompson
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: February 1, 1894

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: Deputy Coroner
Coronary Occlusion

8. AGE: Years 52 Months 0 Days 16
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: Kansas City Missouri

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

10. Usual occupation: Scale mechanic
11. Industry or business: Acme Scale Co.

Major findings: Of operations: _____
Of autopsy: _____

12. Name: Alonza B. Thompson
13. Birthplace: Allegany Penn.

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

14. Maiden name: Anne Owens
15. Birthplace: Crestline Ohio

16. (a) Informant: Esther Thompson
(b) Address: 812 Harkless

17. (a) Burial: _____ (b) Date thereof: 2-20-46
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home
(b) Address: Independence Missouri

19. (a) 2-19-46 (Date received local registrar)
James W. Ross (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: A. E. Gosner
Address: 2800 Main
Date: 2/18/46

MAR 19 1946

MAR 27 1946

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 George L. Larson

Licensed Embalmer No. 2249

P. O. Address Indep 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.