

3. No. 2  
1-1/47  
5-17-39

24412

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 7 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3109

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: 1223 Montzger  
(If not in hospital or institution, write street number or location)

(d) Length of stay: \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 Montzger  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM E. THOMPSON

3. (b) If veteran none

3. (c) Social Security No. 495-09-4255

name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21  
year 1947 hour 2:07 minute P M.

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.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Tamie Thompson

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

7. Birth date of deceased Sept 2 1878  
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>8</u>	<u>19</u>
				hr. min.

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

10. Usual occupation Retired

MOTHER, FATHER

11. Industry or business \_\_\_\_\_

12. Name (unknown) Thompson

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name May Ann Vogel

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy: History + Impression

16. (a) Informant Carl Thompson (son)

(b) Address Nobleville Iowa

17. (a) Burial (b) Date thereof 7/24/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Kelley

(b) Address 2657 Maple Ave

19. (a) 7-23-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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)

(c) Means of injury \_\_\_\_\_

23. Signature James W. Miller (M. D. or other) am 3

Address 1424 My My Date signed 7-22-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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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.....

*J. S. Walton*

Licensed Embalmer No.....

*2744*

P. O. Address.....

*K.C. Md*

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.