DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18087

Registrar's No. 4599

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

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lloyd Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. 495-07-4261

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Madelon Lambertz Thompson

6. (c) Age of husband or wife if dec. 42 years

7. Birth date of deceased August (Month) 13 (Day) 1899 (Year)

8. AGE: Years 48 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name F.W.Thompson
13. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Leva Cass
15. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant Madelon Thompson
(b) Address Kansas City, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 17 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/25 1948 to 5/15 1948 that I last saw him alive on 5/15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Insufficiency	4 days
Due to Post operative	15 days
Due to Bronchiogenic Carcinoma	4 mo.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Right Pneumonectomy	
Of autopsy As above	

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 O

23. Signature F.H. Bradley (M. D. or ~~other~~)
Address Barnes Hospital Date signed 5/15/48

(Licensed Embalmer's Statement on Reverse Side)

4599

DEC 28 1950

JUN 11 1948

VS JUN 22 1950

JUN 2 1950

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 John S. Denne

Licensed Embalmer No. 4194

P. O. Address.....

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

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