No. 300
-10-47
-17-39
>I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29991

Registrar's No. 3678

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: GENERAL HOSPITAL NO. 2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 13 DAYS (Specify whether years, months or days)

In this community: 20 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48

(c) City or town: KANSAS CITY 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 824½ E. 8TH STREET 0
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM HENRY THOMPSON

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: MALE 2

5. Color or race: NEGRO

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: OCTOBER (Month) 11, (Day) 1893 (Year)

8. AGE: Years 54 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace: HAVANA (City, town, or county) KANSAS (State or foreign country) 1

10. Usual occupation: LABORER

11. Industry or business:

MOTHER FATHER

12. Name: JAMES H. THOMPSON

13. Birthplace: (City, town, or county) CUBA (State or foreign country) 3

14. Maiden name: CYNTHIA

15. Birthplace: (City, town, or county) MISSISSIPPI (State or foreign country) 1

16. (a) Informant: VERNON CALDWELL (SON)

(b) Address: 609 HARRISON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cem.

18. (a) Signature of funeral director: Atkins Bros.

(b) Address: 2000 E. 12th K.C. Mo.

19. (a) 9-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 3, year 1948 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from AUGUST 21, 1948 to SEPTEMBER 3, 1948 that I last saw HIM alive on SEPTEMBER 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: GENERALIZED ARTERIOSCLEROSIS:PROSTATIC HYPERTROPHY WITH OBSTRUCTION:UREMIA — Duration

Due to:

Due to:

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

Major findings:
Of operations: 137a
Of autopsy:

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:

23. Signature: [illegible] M.D. (M.D. or other)

Address: GENERAL HOSPITAL NO. 2 Date signed 9/7/48

(Licensed Embalmer's Statement on Reverse Side)

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. Kenneth Kerdard

Licensed Embalmer No. 4437

P. O. Address.....

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.