

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1446

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 225	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 60 YRS.		a. STATE MISSOURI b. COUNTY JACKSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3517 WAYNE AVENUE				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. STREET ADDRESS 3517 WAYNE AVENUE				3			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) ANNIE		b. (Middle) B		c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) JAN-17-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV-1-1857	
9. AGE (In years last birthday) 91 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CRESTLINE IOWA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE ALONZO THOMPSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HAZEL THOMPSON		ADDRESS 3517 WAYNE AVENUE KANSAS CITY MO.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES DUE TO (b) Senility			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?)			
22. I hereby certify that I attended the deceased from 1/10, 1949, to 1/17, 1949, that I last saw the deceased alive on 1/16, 1949, and that death occurred at 8:06 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Edward H. Klein (Degree or title)				23b. ADDRESS Plaza Med. Bldg.		23c. DATE SIGNED 1/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-19-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 1-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE O.K. Newsome, Inc. 3517 WAYNE AVENUE KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

12:30 05:30

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Jess T. News.....

Signed.....
Student Embalmer

Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.