

FILED MAR 2 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7205

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cernoux</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rurof Wash. Imp. 3m 240</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3m 240</u>		d. STREET ADDRESS (If rural, give location) <u>441 Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE M. THOMPSON</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>4-2-1892</u>
9. AGE (In years last birth day) <u>76</u>		10. AGE (In years last birth day) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTH PLACE (State or foreign country) <u>Linn Co Mo</u>
12. CITIZENSHIP AT BIRTH <u>USA</u>		13a. FATHER'S NAME <u>Max Vaehle</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Lemeraux</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Deterioration Adipositas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>457</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>11-3-1948</u> to <u>2-21-1949</u> , that I last saw the deceased alive on <u>2/20</u> , 1949, and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall M.D.</u>		23b. ADDRESS <u>Mo</u>	
23c. DATE SIGNED <u>2-21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City Comb.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melloye - McElroy - Ceylan</u>		ADDRESS <u>K. City, Mo</u>	

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

RECEIVED

District Health Officer No. 7

District File Number 1-49-142

Date Filed 2-28-49

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.

Student
Student Embalmer

Signed *Marsh Eichinger*

Licensed Embalmer No. 2656

P. O. Address *Peoria, 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.