

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19842**  
**2839**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2</b> years		d. STREET ADDRESS (If rural, give location) <b>3123 Penn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3123 Penn</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PRINCE</b>	b. (Middle) <b>W.</b>	c. (Last) <b>THOMPSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 1, 1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>Mar. 27, 1857</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (State or foreign country) <b>WELLINGTON, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM THOMPSON</b>	13b. MOTHER'S MAIDEN NAME <b>JANE MOSS</b>	14. NAME OF HUSBAND OR WIFE <b>MISSOURI A. (BARKER) THOMPSON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHARLES REGAN</b>	ADDRESS <b>3123 Penn</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>1 year</b>		
	DUE TO (c) <b>Generalized Arteriosclerosis</b> <b>Artery</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Kansas City, Jackson, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 26, 1947**, to **July 1, 1949**, that I last saw the deceased alive on **June 30, 1949**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard E. Lerner</b> (Degree or title)	23b. ADDRESS <b>403 Grand Kansas City, Mo.</b>	23c. DATE SIGNED <b>7/1/49</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>July 3, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAC PHELAH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LEXINGTON, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>7-1-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk and Joplin</b>	ADDRESS <b>20 W. LINWOOD</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Richard L. Lehnert  
Professional Bdgy  
Vi 1643 1-3

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 Dixon L. Kelsey  
Licensed Embalmer No. 4275

P. O. Address Indep. 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.