

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1525**
446

FILED FEB 9 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) Unknown	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 1607 East 10th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ada	b. (Middle)	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) 1 28 52
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Jim Allen	13b. MOTHER'S MAIDEN NAME Betty	14. NAME OF HUSBAND OR WIFE Jim Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Jim Thompson	ADDRESS Richmond, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 170X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Probably Malignancy of cervix with Pathological fracture, left arm. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Probably Malignancy of cervix with Pathological fracture, left arm.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **10-1-51** 19___, to **1-28-52** 19___, that I last saw the deceased alive on **1-27-52**, 19___, and that death occurred at **5:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Elms - Nurse	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 1-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 28-1952	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond Mo.
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DATE REC'D BY LOCAL REG. 1-28-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Thomas J. Carter*.....

Licensed Embalmer No. *4474*.....

P. O. Address *Richmond, 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.