

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38274

State File No.

Registrar's No. 5003

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5003</u>	
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) 45 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2119 Holly Street				STREET ADDRESS (If rural, give location) 2119 Holly Street			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) SWAIN		c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1870.		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Case Maker		10b. KIND OF BUSINESS OR INDUSTRY Watchmaking		11. BIRTHPLACE (City and State or Foreign Country) London, England		12. CITIZEN OF WHAT COUNTRY? England	
13a. FATHER'S NAME William S. Thompson			13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE Gertrude Lillian 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 ADDRESS William S. Thompson, 2119 Holly			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension - 2 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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 11-16, 1956 to 11-17, 1956 , that I last saw the deceased alive on 11-16, 1956 and that death occurred at 9:50 p.m. , from the causes and on the date stated above							
23a. SIGNATURE (Degree or title) Kenneth A. Davis, M.D.				23b. ADDRESS 201 Plaza Tower Bldg. Kansas City, Mo.		23c. DATE SIGNED 11-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-20-56	24c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gardens		24d. LOCATION (City, town, or county) (State) Kansas City North, Mo.		
DATE REC'D BY LOCAL REG. 11-19-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Missouri.			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
Kenneth A. Davis

Clayton Barnes
11:30

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..

Student

Signature of Student Embalmer

Signed *Clayton Barnes*

Licensed Embalmer No. *479*

P. O. Address *K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.