

Registration District No. 5219

Primary Registration District No. 5219

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Grand River
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Rural (Harrisonville)
(d) Street No. 3 miles S.E. Harrisonville
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Cora Margaret Thompson
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11
year 1940 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Thompson
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May 29 1866

21. I hereby certify that I attended the deceased from Feb 8-40
Feb 11, 1940, to Feb 11, 1940
that I last saw her alive on Feb 11, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 12 hr. min.

Immediate cause of death Lobar Pneumonia with chronic Myocarditis
Duration

9. Birthplace Indiana (City, town, or county) (State or foreign country)

Due to
Due to
Other conditions Senility
(Includes pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name Jesse Kelt
13. Birthplace Illinois (City, town or county) (State or foreign country)
14. Maiden name Finch Pierce
15. Birthplace Indiana (City, town, or county) (State or foreign country)

Major findings:
Of operations ✓
Of autopsy ✓
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Geneva Davis
(b) Address R 1 - Harrisonville, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Freeman (Burial, cremation, or other) (b) Date thereof Feb. 13 1940
(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

While at work? (Specify type of place) (Means of injury)

19. (a) 2-13-40 (Date received local registrar) (b) Kell (Registrar's signature)

23. Signature J. D. Scott (M. D. or other) 1
Address Harrisonville, Mo. Date signed 2-13-40

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

19

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Ernest R. Remenberger

Licensed Embalmer No. _____

3368

P. O. Address _____

Harrisonville, 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, above space should be left blank.