

FILED OCT 24 1942

3762

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3317 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 34 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3317 Highland  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lorene E. Thompson

3. (b) If veteran, name war ----- 3. (c) Social Security No. 487-01-1864

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased May 10, 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 5 1 hr. min.

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

10. Usual occupation Operator

11. Industry or business Cook Box Co.

MOTHER FATHER  
12. Name James H. Thompson  
13. Birthplace Zarah Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Cora E. Bagan  
15. Birthplace Bates City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James H. Thompson  
(b) Address Paola, Kansas

17. (a) Cremation (b) Date thereof 10/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director State Funeral Home  
(b) Address 1901 Olathe Blvd., K.C., Kans.

19. (a) 10-12-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1942 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1942 to Oct 11, 1942  
that I last saw her alive on Oct. 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia  
Due to Influenza

Due to 33a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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?

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature Kenneth G. Davis (M. D. or other) M.D.  
Address 330 Woodland Date signed Oct 12, 1942

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

48  
3  
8

48  
3  
8

Duration  
6 days  
10 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

*W. L. Ward*

Licensed Embalmer No.....

*3991*

P. O. Address.....

*309 E 67 St*

*K.P.M.C.*

**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.**