

No. 2
-5-42
5-17-39
X32873

FILED DEC 7 1942
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4294

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:
Grosse Nursing Home-3918 Charlotte Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 Years
(Specify whether
 In this community 20 Years
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. 7419 Flora Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

3. (a) PRINT FULL NAME Mrs. Louise Vache Thompson
 (b) If veteran, name war No
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 16th
 year 1942 hour 10 minute 45 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Mr. William L. Thompson
 (c) Age of husband or wife if alive -- years
 7. Birth date of deceased November 24 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1935 to Nov 16 1942
 and that death occurred on the date and hour stated above.
 that I last saw h. u. alive on Nov 12 1942

8. AGE: Years Months Days If less than one day
69 11 22 hr. min.

Immediate cause of death Coronary atherosclerosis Duration
 Due to Coronary Sclerosis
 Due to g4a

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home
 11. Industry or business --

Other conditions Blind - Cause unknown
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations None
 Of autopsy None

MOTHER FATHER

12. Name Maximilian Vache
 13. Birthplace France
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Lamouret
 15. Birthplace France
(City, town, or county) (State or foreign country)

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 ---

16. (a) Informant Mrs. Werner W. Schliebs
 (b) Address 7419 Flora Avenue
 17. (a) Burial (b) Date thereof Nov. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of cremation Mt. Washington Cemetery
 18. (a) Signature of funeral director O. H. Neucomer's Son
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-18-42 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

23. Signature Reeth Perry M.D. (M. D. or other)
 Address 4800 E 24 Date signed 11-17-42

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

4800 Board 24 A
1:30-4:45, 6:30-8

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.....
Licensed Embalmer No. 4043
P. O. Address.....

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.