

FILED NOV 19 1942/49
Registration District No. _____

Primary Registration District No. 1002

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

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: 3531 Passo 1-1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 mo
years, months or days

3. (a) PRINT FULL NAME Sarah H. Thompson

3. (b) If veteran, name war m

3. (c) Social Security No. 700

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced, Widowed

(b) Name of husband or wife John M. Thompson 6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased Jan 23 - 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Fleming County Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER

12. Name John Royce

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Royce

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Robertson

(b) Address 3531 Passo Kansas City Mo

17. (a) Barred (b) Date thereof Sept 2-42
(Denial, exemption, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director H. B. Langerford

(b) Address 1113 Summit Ave Brown

19. (a) 11-1-42 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo (b) County Jackson 8

(c) City or town Greenwood
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1942 hour 1:40 minute P M.

21. I hereby certify that I attended the deceased from July 3
_____ 1942 to 10/31 1942
that I last saw him alive on 10/31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia fulda

Due to Cerebral Hemorrhage 3 1/2 mo

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 H. B. Langerford (M. D. or other) M. D.

Address 1022 Argyle KC Date signed 11/1/42

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.....

N.B. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

Leis Summit

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.