

FILED DEC 29 1942

Registration District No. **147**

Primary Registration District No. **2-5-69**

Registrar's No. **96**

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

1. PLACE OF DEATH:

(a) County **Jackson,**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
43rd and Blue Ridge Boulevard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **X**
(Specify whether years, months or days)

In this community **Since 1894**

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. **3241 Paseo,**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Nettie Thompson Grove,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **12th**
year **1942** hour _____ minute _____ M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Dr. George W. Grove,** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 25**, 19**42** to **Nov 12**, 19**42** that I last saw him alive on **Nov 9**, 19**42** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 hr. min.

Immediate cause of death **Broncho Pneumonia** Duration **2 hrs**

Due to **Quarantine + Empire - sent to bed -**

Due to _____

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

Other conditions **Fractured hip**
(Include pregnancy within 3 months of death)

10. Usual occupation **at home,**

11. Industry or business **X**

Major findings: Of operations **none** Of autopsy **none**

PHYSICIAN **186 a**

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Beverly G. Thompson,**

{ 13. Birthplace (City, town, or county) (State or foreign country) **9**

{ 14. Maiden name **9**

{ 15. Birthplace (City, town, or county) (State or foreign country) **9**

16. (a) Informant **George W. Thompson,**

(b) Address **Woodlea Hotel, Kansas City, Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 12/3**

17. (a) **Burial** (b) Date thereof **11-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? **home KC** (City or town) (County) (State) **Mo.**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home - fell to floor**

(c) Place: burial or cremation **Forest Hill Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

While at work? _____ (Specify type of place)

Means of injury **Fall**

19. (a) **Nov 13 1942** (b) **Mrs. G. L. Sarvin**
(Date received local registrar) (Registrar's signature)

23. Signature **Dr. Mrs. J. J. Jones** (M. D. or other) **2**

Address **Dr. Mrs. J. J. Jones** Date signed **11-12-42**

E. A. Garrison

Dr. Harry S. Jones.

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.....

E. M. Plank

Licensed Embalmer No. *1848*

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 this body is not embalmed, fact should be so stated above.