

FILED SEP 9 1 1945

Primary Registration District No. 1002

Registrar's No. 3440

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: 512 Woodland Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community 6 weeks
years, months or days

3. (a) PRINT FULL NAME Louise H Thompson

3. (b) If veteran, name war - no

3. (c) Social Security No. none

4. Sex F m

5. Color or race w

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

6. (b) Name of husband or wife Charles O Thompson

6. (c) Age of husband or wife if alive 25 years
(Month) Sept (Day) 1869 (Year)

7. Birth date of deceased

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Lasalle N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Retired

MOTHER FATHER

12. Name George Greenwood

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

14. Maiden name Unmarried

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant V.R. Thompson

(b) Address Lees Summit

17. (a) Removal (b) Date thereof 8-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dwight Ills.

18. (a) Signature of funeral director Wm G B. Witt, Sr

(b) Address Blue Springs Mo

19. (a) 8-16-45 (b) Thelma Holmes
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lake Lota Wata
(If outside city or town limits, write "RURAL")

(d) Street No. Lees Summit
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 16 ch
year 1945 hour 9:10 AM M

21. I hereby certify that I attended the deceased from July 27
1945 to Aug 16 1945

that I last saw her alive on Aug 14 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83%

Major findings:
Of operations _____
Of autopsy _____

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 200

23. Signature G. N. Hillman (M. D. or other)
Address 929 Bryant Bldg date signed aug 16 1945

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..... *R. B. Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.