

FILED MAR 2 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 749

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: 4429 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years (Specify whether 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. 4429 Norledge (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JULIA RANDALL

3. (b) If veteran, name was No 3. (c) Social Security No. None

20. DATE OF DEATH: Month Feb. day 11 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11:00 P.M. Feb. 11 1946 to 3:30 AM 2/11 1946. that I last saw her alive on 3:30 A.M. Feb. 11 1946 and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 28 1883 (Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage Duration 4 1/2 hrs.

8. AGE: Years Months Days If less than one day
92 8 13 hr. _____ min.

Due to Atherosclerosis & Senility

9. Birthplace Providence R. I. (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Homemaker

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

11. Industry or business None

Major findings: Of operations _____

MOTHER FATHER { 12. Name Andrew Thompson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Julia Stred
15. Birthplace England (City, town, or county) (State or foreign country)

Of autopsy 830 PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Edna Moss
(b) Address 4429 Norledge

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

(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? _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

(Specify type of place) While at work? _____ (Specify type of place) Means of injury 11

19. (a) 2-13-46 (Date received from registrar) (b) Pauline Holmes (Registrar's signature)

23. Signature Ralph L. Esch, M.D. (M. D. or other) Address Kansas, Mo. Date signed 2/11/46

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

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R. 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.