

S. No. 2  
M-5-43  
5-17-39  
I X38671

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

Registration District No. **1002** APR 29 1946

Primary Registration District No. **1002**

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs.  
(Specify whether in this community 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. 1117 Osborn  
(If rural, give location)

(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Infant Thompson

(b) If veteran, name war v no

(c) Social Security No. not

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 2 minute 50 PM.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 19 1946  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12:50 P April 19 1946 to 2:50 PM 4-19-46 that I last saw her alive on April 19 1946; and that death occurred on the date and hour stated above.

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

0 0 0 3 hrs. min.

Immediate cause of death Eclampsia Duration 3 hrs.

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

Due to Eclampsia in mother 3 days

10. Usual occupation infant

Due to Pregnancy 6 1/2 mo

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Irid Thompson

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

14. Maiden name Helen Malone

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

Major findings: 15-9

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Irid Thompson

(b) Address K.C. Mo.

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

17. (a) Burial (b) Date thereof 4-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

18. (a) Signature of funeral director Mrs. C. H. Foster

(b) Address 918-20 Brooklyn K.C. Mo.

(c) Where did injury occur? At home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) 4-20-46 (b) Beraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (c) Means of injury 0

23. Signature Margaret E. Hagan (M. D. or other) M.D.  
Address 1103 Grand Date signed 4-20-46

Dr. ...

Prof. Bldg. Vlc. 1105  
Noon Saturday

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..... *Joe B. Yoder*.....  
Licensed Embalmer No. *4173*.....  
P. O. Address *LC 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.**