

FILED JAN 27 1947

Registration District No. 149Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Hannover city
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2031 Jefferson
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 2 yrs

3. (a) PRINT FULL NAME Hazel M. Thompson3. (b) If veteran, name war. no 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Henry P. Thompson 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased Mar-14-1888
(Month) (Day) (Year)8. AGE: Years 58 Months 9 Days 29 If less than one day _____ hr. _____ min.9. Birthplace Hannover
(City, town, or county) (State or foreign country)10. Usual occupation chf

11. Industry or business _____

12. Name Wm Stewart13. Birthplace Hannover
(City, town, or county) (State or foreign country)14. Maiden name Lucie Asholt15. Birthplace Prussia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm P. Thompson(b) Address 2031 Jefferson17. (a) Cremation (b) Date thereof Jan 14-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood Cem18. (a) Signature of funeral director X P. D. Asholt(b) Address 1415 East 1519. (a) 1-13-47 (b) S. Geraldine Stovner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Hannover city
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2031 Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 5 minute _____ M.21. I hereby certify that I attended the deceased from April 17
1944, 19 _____, to Jan 10, 1947;
that I last saw her alive on Jan 12, 1947
and that death occurred on the date and hour stated above.Immediate cause of death Acute Stenosis
Congestive heart failure Duration 1 weekDue to Chr Interstitial
Nephritis Cys.

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

Major findings: Of operations 12/2

Of autopsy _____

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 W. Counselor (M. D. or other) _____
Address 1709 W 17th St. Date signed 1/13/47

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 P Dasher*

Licensed Embalmer No. 1166

P. O. Address 1415 E 15

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, above space should be left blank.