

FILED JUL 19 1948 49

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2859

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:
2815 Olive General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hrs.
(Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2815 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Myrtle Thompson

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orville Thompson 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: November 10, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 7 26 hr. min.

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

10. Usual occupation Beautician

11. Industry or business

12. Name William Girton
13. Birthplace Topeka, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Topeka, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Thompson
(b) Address 1414 Highland

17. (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 [Address]

19. (a) 7-10-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19...
that I last saw him alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Stab Wound
Right side of neck

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107
Of operations
Of autopsy No - Permit

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) Homicide
(b) Date of occurrence 7-6-48

(c) Where did injury occur? K. C. Jackson - Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - Troost Bridge

While at work No (Specify type of place) (e) Means of injury Stab Wound

23. Signature [Signature] (M. D. or other) [Signature]
Address 2636 Broadway Date signed

7-10-48

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 *E. Sterling Bell*
Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit

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.