

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hours**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Infant Thompson** **512**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **7** **27** **40**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Harold Thompson,**

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

14. Maiden name **Plumb**

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Thompson**

(b) Address **1115 Norton**

17. (a) **Burial** (b) Date thereof **July 29, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn Avenue, K.C. Mo.**

19. (a) **July 28, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1115 Norton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1940** hour **4** minute _____ M.

21. I hereby certify that I attended the deceased from **July 27, 1940** to **July 27, 1940**
that I last saw him alive on **July 27, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Birth (8th month)** Duration **2 hours**

Due to **(Placenta Praevia)** **59**

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

Major findings: _____
Of operations _____

Of autopsy **no**

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **1**

23. Signature **Chas. S. Nelson** (M. D. or other) _____
Address **3626 Ind. Ave** Date signed **7-27-40**

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.....

James E. Hurston

Licensed Embalmer No. *3621*

P. O. Address *918 Broadway*

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.