

FILLED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3035

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:
5336 Wayne Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 43 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. 5336 Wayne Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema
Due to _____
Coronary Lesions
Due to _____

Duration

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Russell W. [unclear] (M. D. or other) 3
Address [unclear] Date signed _____

3. (a) PRINT FULL NAME Mr. Lynn Ireland Thompson

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. None

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

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

7. Birth date of deceased September 7 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Certified Public Accountant

11. Industry or business For Self

12. Name John T. Thompson

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

14. Maiden name Nina B. Ireland

15. Birthplace Brownstown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina B. Thompson

(b) Address 5336 Wayne

17. (a) Burial (b) Date thereof July 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 61401 Brush Creek Blvd.

19. (a) 9/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

838

04230

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address D. 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.