

Registration District No. 3-99

Primary Registration District No. 1002

Registrar's No. 1193

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-14-42-3-20-42
(Specify whether years, months or days) 16 years

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. 1013 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME CLEO THOMPSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased June 10 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 10 hr. min.

9. Birthplace Adkins Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Lee Thompson

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

14. Maiden name Martha Pledger

15. Birthplace ? unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 3-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Brady & Brown

(b) Address 1708 Tracy Ave.

19. (a) 3-24-42 (b) M. M. Crouse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 14, 1942, to March 20, 1942
that I last saw her alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration

Due to 108

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

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 D

23. Signature [Signature] (M. D. or other) D
Address Gen. Hosp. #1-6006 Date signed 3-24-42

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

1030

APR 14 1942

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

Licensed Embalmer No.

P. O. Address

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.