

FILED OCT 5 1942

Registration District No. 747

Primary Registration District No. 1002

Registrar's No.

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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of **2 Weeks**
In this community **45 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **5336 Wayne Avenue**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINTED FULL NAME **Mrs. Nina Belle Ireland Thompson**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. John T. Thompson** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased: **7-10-1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **11** If less than one day **hr. min.**

9. Birthplace **Browns town Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wm Ireland**
13. Birthplace **Brownstown Ind**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Agnes Wilson**
15. Birthplace **Brownstown Ind**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John T. Thompson**
(b) Address **5336 Wayne**

17. (a) **Burial** (b) Date thereof **Sept. 23, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of **Forest Hill Cemetery**

18. (a) Signature of funeral director **D. V. McComer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9/22/42** (b) **M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21st**
year **1942** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 17** 19**42**, to **Sept 21** 19**42**
that I last saw her alive on **Sept 21** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Duration

4 da

Due to **107**

Due to

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 **J. W. Fair M.D.** (M. D. or other)
Address **1404 1/2 W 75** Date signed **9/22/42**

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

MOTHER FATHER

10:30-4
10412 N. 15th

Miss Katherine Jones

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 *J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *K. 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.