

FILED DEC 7 1942

Registration District No. 0

Primary Registration District No. 5572

Registrar's No. 131

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 hrs - 15 min
(Specify whether years, months or days)

In this community 3 hrs - 15 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 914 So. Nolan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Julia Thompson

3. (b) If veteran, name war ✓

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1942 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 22
1942 to Nov 22, 1942
that I last saw her alive on Nov 22, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased November 22, 1942
(Month) (Day) (Year)

Immediate cause of death Premature birth

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr 15 min

9. Birthplace Jackson Co Hosp. Little Blue Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business ✓

12. Name Fred John Thompson

13. Birthplace Tienna Mo
(City, town, or county) (State or foreign country)

14. Maiden name Bernetta Ripley

15. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Thompson

(b) Address 914 So. Nolan

17. (a) Rural (b) Date thereof Nov 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George Carlson

(b) Address Independence Mo

19. (a) Nov 24 1942 (b) F. H. Schick
(Date received local registrar) (Registrar's signature)

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 ()

Signature F. B. Daily (M. D. or other) MD

Address Independence Mo Date signed 11-23-42

MAR 17 1943

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

Frank B. ...

Licensed Embalmer No.

2467

P. O. Address

Independence, 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.