

FILED MAR 15 1943

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1058

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: 401 East 36th Street
 Mrs. Eva D. Prout Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 3 Days
 (Specify whether
 In this community... 4 Months
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Illinois (b) County Knox
 (c) City or town Altona
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country... 2

3. (a) PRINT FULL NAME Mr. Alfred P. Thorne
 3. (b) If veteran. None
 name war.....
 3. (c) Social Security None
 No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 28
 year 1943 hour 2 minute 30A.M. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife... Mrs. Anna L. Thorne
 6. (c) Age of husband or wife if alive... years
 7. Birth date of deceased July 10 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1942 to Feb 28 1943
 that I last saw him alive on Feb 27 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 73 7 18 hr. min.

Immediate cause of death... Chronic interstitial nephritis
 Due to...
 Due to...
 Other conditions... Met. Myeloma 2 yrs -
 (Include pregnancy within 3 months of death)

9. Birthplace... Sweden 4
 (City, town, or county) (State or foreign country)
 10. Usual occupation Iron Worker
 11. Industry or business Retired

Major findings:
 Of operations...
 Of autopsy...
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER }
 12. Name Unknown Thorne
 13. Birthplace... Sweden 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace... Sweden 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl A. Thorne
 (b) Address 606 East 41st Street
 Removal March, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Omaha, Nebraska
 18. (a) Signature of funeral director W. W. Newberry
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 3-1-43 (b) Mr. M. Brown
 (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)
 (c) Means of injury.....
 23. Signature J. E. Baer (M. D. or other)
 Address 1102 E 47 St Date signed 3-1-43

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

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 *Emile M. Colbourn*

Licensed Embalmer No. *3506*

P. O. Address *F. 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.