

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

FILED AUG 27 1943
149

Registration District No. 149

Primary Registration District No. 1002

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:
3918 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 yrs _____
years, months or days)

3. (a) PRINT FULL NAME Laura W Thompson
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Robert L. Thompson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug. 5th 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Walter J. Neff
13. Birthplace Spain (City, town, or county) (State or foreign country) 5
14. Maiden name Mary Ann Tipton
15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Robert L. Thompson
(b) Address 3918 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Harkyn Roe
(b) Address 7406 Wornall Rd

19. (a) 8-16-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo (b) County Jackson
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL.") 8
(d) Street No. 3918 Holmes (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 21, 1942, to July 31, 1943
that I last saw her alive on July 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Thrombosis

Due to General Arteriosclerosis
Coronary Sclerosis

Due to gta

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

Major findings: Of operations _____
Of autopsy No

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 Edward J. Toubel (M.D. or other) _____
Address 126 Mo Ave _____

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*Trained
4021 College*

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 *Harvey Roe*

Licensed Embalmer No. *2810*

P. O. Address *H. C. 2nd*

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.