

Registration District No. 149 Primary Registration District No. 1002

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

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:
1325 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia B. Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. 210

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife unk.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18 1868
(Month) (Day) (Year)

8. AGE: 76 Years 4 Months 2 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Seldon Lord

13. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edella Kitcher

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

16. (a) Informant Wm. D. Brown

(b) Address 1325 Agnes St. Mo.

17. (a) Removal (b) Date thereof 10-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenleaf Kansas

18. (a) Signature of funeral director R. E. Shelton

(b) Address Kansas City Missouri

19. (a) 10-19-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 1325 Agnes
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1943
_____ 19____, to 10-18 1944
that I last saw her alive on 10-16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Hypertension & Atherosclerosis

Due to _____

Other conditions 60
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 JRB (M. D. or other) _____

Address 921 1/2 N. 13th Date signed 10/19/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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 *Ed. Hillier*

Licensed Embalmer No. 3503

P. O. Address. *W. H. Cannon*

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.