

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED APR 29 1946
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1772

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:
3100 E. 54th St!
(If not in hospital or institution, write street number or location)

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

In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson⁴⁸

(c) City or town Kansas City³
(If outside city or town limits, write "RURAL" _____)

(d) Street No. 3100 E. 54th St⁸
(If rural, give location) _____

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

3. (a) PRINT FULL NAME E. Dora Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 2 11 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
year 1946 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Feb 12 to April 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>0</u>	by _____ min.

Due to Acute Dilatation of Heart

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

Major findings: _____

Of operations ASC

Of autopsy _____

9. Birthplace San Antonio Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at home

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 _____

MOTHER, FATHER

12. Name William Beaves

13. Birthplace Columbus Texas
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Coleman

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

23. Signature P. T. Richardson (M. D. or other) _____
Address 1901 Vine Date signed 4-12-46

16. (a) Informant Mellie Young

(b) Address 3100 E. 54th St

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-15-46
(Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director J. W. Jones

(b) Address 440 State

19. (a) 4-15-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

Dr. L. B. Richardson

Nellie Young
Hi 6946

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 Eugene English
Licensed Embalmer No. 4165
P. O. Address 440 State Ave. N.

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.