S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23769

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3154

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-DAYS (Specify whether years, months or days)

In this community 11-DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County DICKINSON

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

(d) Street No. 317 SOUTH EAST 4TH
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. LILLIAN THOMPSON REES

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. E. W. REES

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JULY (Month) 27 (Day) 1904 (Year)

8. AGE: Years 41 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name M. M. THOMPSON
13. Birthplace IOWA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCY ROBERSON
15. Birthplace WICHITA (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant MR. E. W. REES
(b) Address ABILENE, KANSAS

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY-19-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ PHILLIPSBURG, KANSAS

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD

19. (a) 7-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18TH year 1946 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 7, 1946, to July 18, 1946 and that I last saw her alive on July 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Generalized Carcinoma
Following Adenocarcinoma
Due to of Breast about 4 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

50

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Farnsworth (M. D. or other)

Address 1103 Grand Date signed 7/19/46

(Licensed Embalmer's Statement on Reverse Side) K. C. Mo

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 Calhoun

Licensed Embalmer No. 3506

P. O. Address Kcmo

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.