

FILED JUL 25 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 4516

Registrar's No. 8.5

1. PLACE OF DEATH:

(a) County Laney
(b) City or town Farrsyth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
on White River 3
(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 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wendell
(c) City or town K City Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 26 N North City St
(If rural, give location)
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ORUS. William Thompson

3. (b) If veteran, name war no 3. (c) Social Security No. 708-10-2679

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Wed
6. (b) Name of husband or wife Eva Thompson 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 26 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Tobacco

11. Industry or business _____

MOTHER FATHER
12. Name Sach Thompson
13. Birthplace Missouri
14. Maiden name Thompson
15. Birthplace Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Eva Thompson

(b) Address Kansas city MO

17. (a) Removal (b) Date thereof July 7, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Kansas City on White River

18. (a) Signature of funeral director Jerry Farrsyt

(b) Address Farrsyt MO

19. (a) 7/10-46 (b) E. R. Allaman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 2 year 1946 hour 8.15 minute AM

21. I hereby certify that I attended the deceased from July 2, 1946 to July 7, 1946
that I last saw him alive Dead and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to fall out of Boat while fishing
Due to Boat was in swift water

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Drown 1D6

(b) Date of occurrence July 2-46

(c) Where did injury occur? Farrsyt June MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on White River

While at work _____ (Specify type of place) (e) Means of injury 2

23. Signature Jerry Farrsyt (M.D. or other) Coroner

Address Farrsyt MO Date signed July 7-46

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

RECEIVED

District Health Officer No. 6,

District File Number 746-786

Date Filed JUL 24 1946

JUL 27 1946

AUG 21 1946

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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Danson M

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.