

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JUN 23 1947

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:
466 Wallace
(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 Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 466 Wallace
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NELLIE GRANT THOMPSON

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 Widowed

6. (b) Name of husband or wife George W. Thompson
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 29 hr. min.

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

10. Usual occupation House wife.

11. Industry or business Home

12. Name Samuel Dunlap

13. Birthplace Emelton, Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Luke

15. Birthplace Stones Prairie, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hulbert J. Thompson

(b) Address 466 Wallace, K.C. Mo.

17. (c) burial (Burial, cremation, or removal) (b) Date thereof June 12 - 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Dexter L. Taylor

(b) Address Independence, Missouri

19. (a) 6-13-47 (Date received local registrar)
(b) Heraldina Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1947 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from June 1945
to 6-10-1947
that I last saw her alive on June 9
and that death occurred on the day and hour stated above.

Immediate cause of death Auricular fibrillation
Duration 2 yrs

Due to Coronary atherosclerosis

Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 932

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 0

23. Signature Ed W. Smith (M. D. or other)

Address Government St. K.C. Mo. Date signed 6/12/47

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

10001

1001

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.....

Dixon L. Kipley

Licensed Embalmer No. *P. 4225*

P. O. Address *Independence, Mo*

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.