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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15170

State File No.

FILED MAY 1 9 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST JOHNS HOSPITAL.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 60 YRS - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. 2121 BIRD.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARGERY JANE THOMPSON.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race W.

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

6. (b) Name of husband or wife R. C THOMPSON

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

7. Birth date of deceased NOV. (Month) 20 (Day) 1858. (Year)

8. AGE: Years 81. Months 5. Days 5. If less than one day hr. min.

9. Birthplace ANNA ILL. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE DUTY

11. Industry or business SAME.

FATHER
12. Name O. F. ATKINS
13. Birthplace PERU (City, town, or county) MAINE. (State or foreign country)

MOTHER
14. Maiden name MARGARETT HARRISON
15. Birthplace NORTH CAROLINA. (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]

(b) Address [illegible]

17. (a) HORNET (Burial, cremation, or removal) (b) Date thereof April (Month) 27 (Day) 1940 (Year)

(c) Place: burial or cremation HORNET.

18. (a) Signature of funeral director Hurlbut Hurd Co

(b) Address Joplin Mo. 212 Joplin St.

19. (a) 4-26-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1940 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 3/11/40, 19__, to 4/25/40, 19__; that I last saw her alive on 4/25/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? 372 (Specify type of place)

While at work? (e) Means of injury

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

Address Joplin Mo Date signed 4/26/40

(Licensed Embalmer's Statement on Reverse Side)

40-5-74

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.