

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: M. C. Curran Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two weeks  
(Specify whether years, months or days) about 50 years

3. (a) PRINT FULL NAME Effie Thompson

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chen Thompson 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug 14 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Dunlap Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business ✓

12. Name William Weed

13. Birthplace Yaknow Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Chick

15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Riggs  
(b) Address Jasper Mo.

17. (a) Burial (b) Date thereof Oct 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cem

18. (a) Signature of funeral director Chas. E. Teeter  
(b) Address Jasper Mo.

19. (a) Sept 30 1940 (b) E. J. McIntire, M. D.  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. No St. Number  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th  
year 1940 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 23rd 1940 to Sept 30th 1940

that I last saw her alive on Sept 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction

Due to Maligancy

Due to \_\_\_\_\_

Other conditions: Osteosclerotic Heart Disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? 865  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. J. McIntire (M. D. or other) 10/4/40  
Address Carthage Mo. Date signed 10/4/40

Duration 4 weeks  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

40-10-441

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 \_\_\_\_\_

*Chas J Tuter*  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *Chas J Tuter*

Licensed Embalmer No. *2566*

P. O. Address *Jasper 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, above space should be left blank.