

No. 2  
-17-39  
I X23159

REC'D FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1066

Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: DeWitt Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

In this community 5 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph W. Thompson, Jr.  
Joseph W. Thompson Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased August 24 1930  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>10</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Joseph W. Thompson Sr.

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

14. Maiden name Bessie Edie

15. Birthplace Cameron, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Thompson, Sr.

(b) Address Carrollton, Mo.

17. (a) Burial Date thereof Jan. 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director Walter Marshall Curran  
While at work? \_\_\_\_\_ (Specify type of place)

(b) Address Carrollton Mo  
(c) Means of injury None

19. (a) 1-3-41 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. North Main St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 28, 1940 to Jan 3, 1941; that I last saw him alive on Jan 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

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

Due to 740

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy Lymphatic Leukemia

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? \_\_\_\_\_

23. Signature E. H. Pelton (M. D. or other) M.D.  
Address 300 People Bldg Date signed 1/3/41

Duration

6 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Ga.

**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.**