S. No. 2
—4-13-40
. 5-17-39
I X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941 85

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24531

Primary Registration District No. 1001

Registrar's No.

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

011
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 40 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2639 State Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ← 0 years.

3. (a) PRINT FULL NAME Gardner Milliken Thompson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December (Month) 3. (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7	6	hr. min.

9. Birthplace Shelbyville (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Attorney

11. Industry or business

FATHER
12. Name Alton Thompson
13. Birthplace Spruce Creek (City, town, or county) Pennsylvania (State or foreign country) 1

MOTHER
14. Maiden name Maria M. Marshall
15. Birthplace Snow Shoe (City, town, or county) Pennsylvania (State or foreign country) 1

16. (a) Informant Mrs Alice Thompson

(b) Address 2639 State, St. Joseph, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) July 10, 1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1941 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 27/41, 19__, to July 9, 1941 that I last saw him alive on July 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Hernia	
Due to Scrotal Hernia	
Due to —	1 3/7 a
Other conditions Hypertrophy of Prostate. (Include pregnancy within 3 months of death)	
Major findings: Of operations Hypertrophy of Prostate	
Of autopsy Gangrene of Intestine.	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles Greenberg (M. D. or other) M. D.

Address Phys. & Surg. Bldg. Date signed 7-10-41

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 Oby J esten

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.