

FILED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28500

PI X26390

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Thompson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug, day 21, year 1941 hour 1 minute 40 P.

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary B. Thompson 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Sept 18, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10, 1941 to Aug 21, 1941  
that I last saw him alive on Aug 21 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions Cancer of the prostate  
(Include pregnancy within 3 months of death)  
Major findings: Of operations Cancer of prostate  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired Salesman

MOTHER FATHER { 12. Name Chas. F. Thompson Sr.  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Albertson  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary B. Thompson  
(b) Address Eldorado Springs, Mo.

17. (a) Burial (b) Date thereof Aug 24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eldorado Springs

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? \_\_\_\_\_

18. (a) Signature of funeral director Geo. & Speaks  
(b) Address Independence, Mo.

19. (a) Aug 22-1941 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature Chas. Grubbe (M: D: \_\_\_\_\_)  
Address Independence, Mo. Date signed 8/24/41

47  
4  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1941

SEP 1

SEP 24 1941

**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 *Me*

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

Signed *Roland R. Speaks*

Licensed Embalmer No. *3604*

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.**