

FILLED NOV 11 1941

Registration District No. **201**

Primary Registration District No. **5280-3012**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County **Colfax**
(b) City or town **528 N. Franklin Liberty**
(c) Name of hospital or institution
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution
In this community **four years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Colfax**
(c) City or town **Liberty**
(d) Street No. **528 West Franklin St**
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30**
year **1941** hour **4** minute **30** P.M.
21. I hereby certify that I attended the deceased from **June 1-7**
19 **41** to **Oct 30** 19 **41**
that I last saw him alive on **Oct 30** and that death occurred on the date and hour stated above.

Immediate cause of death **Sexality**
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **162 lb**

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?

While at work? (Specify type of place) (e) Manner of injury
23. Signature **J. H. Mathews** (M. D. or other)
Address **Liberty Mo** Date signed **10/1/41**

3. (a) PRINT FULL NAME **Joseph W. Thompson**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna L. Thompson** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Dec 24 1859**
(Month) (Day) (Year)

8. AGE: Years **85** Months **10** Days **6**
If less than one day hr. min.

9. Birthplace **Monroe Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business

12. Name **John Thompson**

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

14. Maiden name **Julia Laydell**

15. Birthplace **Union**
(City, town, or county) (State or foreign country)

16. (a) Informant **B. P. Thompson**

(b) Address **Liberty Mo**

17. (a) **Burial** (b) Date thereof **Nov-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Liberty Mo**

18. (a) Signature of funeral director **Chas. Archer Co**

(b) Address **Liberty Mo**

19. (a) **Nov. 3 1941** (b) **Helen Early**
(Date received local registrar) (Registrar's signature)

926 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-71

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 D Church*

Licensed Embalmer No. 3286

P. O. Address *Liberty, 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.