

FILED FEB 11 1942

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town North City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Three months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town North City
(If outside city or town limits, write "RURAL")
(d) Street No. 821 N 2nd
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE E THOMPSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Eulah Thompson 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March 18 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Luerker Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Busk Contractor

11. Industry or business _____

MOTHER FATHER
12. Name Thomas F Thompson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Anna Thompson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Eulah Thompson

(b) Address St Joseph Mo.

17. (a) Removal (b) Date thereof Feb 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph

18. (a) Signature of funeral director Walter Wood

(b) Address North City Mo

19. (a) Feb 2 1942 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1942 to Jan 31, 1942
that I last saw him alive on 1-31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death admission bleed

Due to _____

Due to _____

Other conditions 65a
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Wood (M.D. or other) W
Address _____ Date signed 1/30

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42-1-9

FEB. 11 6 1942

FEB 17 1942

FEB 19 1942

FEB 17 1942

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 *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, 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.