V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 6014

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: S.H. #2 0 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 8 mos. 15 ds (Specify whether
In this community ~~All of life~~ 3 yrs 8 mos 15 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob L. Thompson

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April (Month) 24 (Day) 1864 (Year)

8. AGE: Years 77 Months 9 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Thompson
13. Birthplace (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name ?
15. Birthplace (City, town, or county) (State or foreign country) 1

16. (a) Informant Wife (Cora Thompson)

(b) Address Guilford, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Gilford Mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) Feb. 3, 1942 (Date received local registrar) (b) H. G. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3d year 1942 hour 12 25 minute P.M.

21. I hereby certify that I attended the deceased from May 19, 1938, to Feb. 3d, 1942, that I last saw him alive on Feb. 3d, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic myocarditis	?
Arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature T. T. O'Dell (M. D. ~~or other~~)

Address St. Joseph Date signed 7/2/42

85

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.