

FILED APR 1 1942

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1132

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution St. Joseph Hospital
(d) Length of stay: 4 days
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. R#4 Blackhawk Road
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nathaniel Franklin Thompson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, or separated married
(b) Name of husband or wife Julia E. Thompson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 14, 1873

8. AGE: Years 68 Months 11 Days 4

9. Birthplace Miller County Mo.

10. Usual occupation Farmer

11. Industry or business

12. Name William Thompson
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mrs. Julia E. Thompson

(b) Address R#4 Independence, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof 3/20/42

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 3-20-42 (b) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1942 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from Mar 15, 1942 to Mar 18, 1942 that I last saw him alive on Mar 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Nervous with Thrombosis of osmentum. operated Thrombosis
Due to Removed

Other conditions 122 cc
(Include pregnancy within 3 months of death)

Major findings: Of operations Nervous & Thrombosis of osmentum
Of autopsy Pulmonary Embolism

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?.....
(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 William (M. D. or other) Address 10307 Independence Ave. Date signed 3/21/42

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.....

Frank H. Hib

Licensed Embalmer No. *2467*

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.