

S. No. 2
M-9-4-41
Rev. 5-17-39
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10839

DEPARTMENT OF COMMERCE
STATISTICS OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 252

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo. City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maple Lawn Rest Home - 12017 Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mo. (Specify whether years, months or days) 5

In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield Rural 7. Cent
(If outside city or town limits, write "RURAL")

(d) Street No. R-4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Dock Franklin Thompson

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29th year 1942 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from February 1942 to March 1942 that I last saw him alive on March 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 8 days

4. Sex 0 male

5. Color or race white

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct. 16 - 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

MOTHER FATHER { 12. Name Billy Thompson

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

14. Maiden name Unknown

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

16. (a) Informant Ada Maloney

(b) Address Narley, Mo.

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill Cem

18. (a) Signature of funeral director T. W. Maples

(b) Address Cleaver, Mo.

19. (a) 3-31-42 (b) Dr. W. J. Handley
(Date received local registrar) (Registrar's signature)

Due to 108

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Means of injury

23. Signature W. J. Handley (M.D. number) 5
Address Woodruff Building Date signed 5-31-42

FEB 27 1957

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. 2985 working under my personal supervision.

Signed J. W. Maples
E E Licensed Embalmer No. 2985
P. O. Address Clever 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.