. S. No. 2
M—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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11074

FILED APR 13 1942

Registration District No. 4/4

Primary Registration District No. 2002

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 315 N. Schifferdecker (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community) 24 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2 5

(d) Street No. 315 N. Schifferdecker (If rural, give location)

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

If yes, name country n

3. (a) PRINT FULL NAME Evelyn Rhoda Thompson

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Fem

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 11 (Month) 1859 (Day) (Year)

8. AGE: Years 82 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Jacksonville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation House duties

11. Industry or business

FATHER
12. Name No record
13. Birthplace No record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Claybourne C Thompson
(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 3-7-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1942 hour 7 minute 30 a.M.

21. I hereby certify that I attended the deceased from Feby 14-42, 19, to Mch 4-42, that I last saw her alive on " 4-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations 108
Of autopsy

Duration

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

23. Signature J M Gray (M. D. or other)

Address Joplin Mo Date signed 3/6/42

12 04

(Licensed Embalmer's Statement on Reverse Side)

42.3.234

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 Glenn D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.