

FILED MAY 8 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 324

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 858 N. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME JOHN W. THOMPSON
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Male 5. Color of White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elnora B Thompson 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 20 1870
(Month) (Day) (Year)

8. AGE: Years 171 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Rolla Co. Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Retired last 9 yrs

12. Name John B. Thompson

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

14. Maiden name Elmer Black

15. Birthplace Phillips Co. Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Edwin Thompson

(b) Address Springfield, Mo

17. (a) Buried (b) Date thereof 4-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff

18. (a) Signature of funeral director W. Langbein & Co

(b) Address Springfield, Mo

19. (a) 4-27-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2449 N. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1942 hour 1:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from DECEMBER
_____, 1941, to APR 25, 1942
that I last saw him alive on APRIL 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death LABOR PARVANIA
Duration _____
Due to _____
Due to _____

Other conditions PARKINSON'S DISEASE
(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 2
23. Signature D.F. Youkh (M. D. or other) D.O.
Address 23 1/2 - Commercial St Date signed 4/27

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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.....

Licensed Embalmer No.

P. O. Address:.....

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.