. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30182

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 211

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1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Penitentiary. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. Mo. State Prison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME JACOB THOMPSON (44649)
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ? January 12, 1911 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	7	27	hr. min.

9. Birthplace ? Marshall, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mo. State Prison Records
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SEPT. 10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo
18. (a) Signature of funeral director Thorpe J. Gordon
(b) Address Jefferson City Mo.
19. (a) 9-10-42 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th year 1942 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 29th, 1942, to Sept. 8th, 1942, that I last saw him alive on Sept 8th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis	Duration
Due to	4 Mo
Due to	10 Days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [illegible] (M. D. or other)
Address 26 Jefferson Date signed 9-8-42

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(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: Louis Luest

Licensed Embalmer No. 4649

P. O. Address Jefferson City

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.