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V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No.

Registrar's No. 1221

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

11
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7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

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

(d) Street No. O (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Robert Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Iolah Thompson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feby (Month) 17 (Day) 1877 (Year)

8. AGE: Years 65 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Holt Co. (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name W C Thompson
13. Birthplace Unknown. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Dysart
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Iolah Thompson

(b) Address Mound City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mound City

18. (a) Signature of funeral director W H Crawford

(b) Address Mound City Mo

19. (a) 12-24-42 (Date received local registrar) (b) Rose Hegog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 9 30 minute a. M.

21. I hereby certify that I attended the deceased from 12-11-42, 19, to 12-22, 1942 that I last saw him alive on 12-22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis - general	11 days
Due to Perforated duodenal ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

117 f

Major findings: Of operations Perforated duod. ulcer

Of autopsy None.

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 Paul Forgrave (M. D. or other)

Address St Joseph, Mo Date signed 12-22-42

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1943

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 W. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City 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.