V. S. No. 2
DM—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1943

Registration District No. 155

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2598

Primary Registration District No. 5578

Registrar's No. 1

49
0

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Rural #1 Joplin, Mo.
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural Joplin Township
(If outside city or town limits, write "RURAL")

(d) Street No. Rex Crossing Royal Heights
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Mrs. Gladys Arnold Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife M. G. Thompson

6. (c) Age of husband or wife if alive no data years

7. Birth date of deceased February (Month) 9, (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	21	hr. ..... min.

9. Birthplace Columbus (City, town, or county) Kansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name J. F. Kaiser
13. Birthplace no data (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maria B. Hunsucker
15. Birthplace no data (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Husband M. G. Thompson
(b) Address R.R. #1 Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Velge Nelson
(b) Address Webb City, Missouri

19. (a) Feb. 2, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from Dec 26 1942, 19..., to Jan 30 1943
that I last saw her alive on Jan 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pancreas & Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 W. S. Loveland (M. D. ~~or other~~)

Address Joplin Mo Date signed 2/2/43

43-1-14

DEC 8 1944

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 [illegible]

Licensed Embalmer No. 2859

P. O. Address Webb 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.