

No. 5-4  
-17-39-1  
X32879

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14001**

ED APR 16 1943

Registration District No. **61**

Primary Registration District No. **5236**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Cedar**

(b) City or town **Box - Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**

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

(d) Street No. **Box Township**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JAMES S THOMPSON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Maudie Thompson**

6. (c) Age of husband or wife if alive **62 years**

7. Birth date of deceased **Aug - 31 - 1876**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **8**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cedar Co. Mo**  
(City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **David J Thompson**

13. Birthplace **Ky 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Pennington**

15. Birthplace **Ky 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eldorado Springs, Mo R**

(b) Address **Burial**

17. (a) (Burial, cremation, or removal) **City Cemetery**

(b) Date thereof **3-30-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Gwynn Siders**

18. (a) Signature of funeral director **Eldorado Springs, Mo**

(b) Address **3-30-43**

19. (a) (Date received local registrar) **L. L. Ambury M.D.**

(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**  
year **1943** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **Feb 5/6** 1943 to **Mar 28** 1943  
that I last saw him alive on **Mar 27** 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma on nape of neck**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **P. H. Dawson** (M, D or other) \_\_\_\_\_

Address **Eldorado Springs** Date signed **3-30-43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7,  
District File Number 3-43-119  
Date Filed 4-13-43

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 OB Sanders

Licensed Embalmer No. 3250

P. O. Address Elmore Springs

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14001

Registration District No. 61

Primary Registration District No. 5-236

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution:  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James S Thompson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 21 - 1876  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 66 Months 7 Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Maude Thompson

(b) Address El Dorado Springs MO R 2

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely due to low contrast or poor scan quality. The text is arranged in several paragraphs across the page, but no specific words or phrases can be discerned.]