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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17435

State File No. 17435

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 455

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

1. PLACE OF DEATH:

(a) County: Buchanon

(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 Meth. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: DeKalb

(c) City or town: Union Star Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Near Union Star
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Earl Edward Thompson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

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

6. (c) Age of husband or wife if alive: 21 years

7. Birth date of deceased: Jan (Month) 5 (Day) 1918 (Year)

8. AGE: Years 25 | Months 4 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace: Cameron (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Defense work.

11. Industry or business

MOTHER FATHER

12. Name: Guy Thompson.

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Ninia Mabe.

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

16. (a) Informant: Mrs Neva Thompson.

(b) Address: Union Star. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Osborn Mo.

18. (a) Signature of funeral director: F. G. Lyons

(b) Address: Stewartsville Mo.

19. (a) May 18, 1943 (Date received local registrar) (b) Rae Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 11, 1943 to May 17, 1943 that I last saw him alive on May 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis with edema	6 wks.
Due to: Grave Secondary Anemia	4 wks.
Due to: Bronchial pneumonia bilateral	2 days

Other conditions (Include pregnancy within 3 months of death): 107

Major findings: Of operations

Of autopsy: Yes.

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: H. S. Samuel (M. D. or other)

Address: St Joseph Mo. Date signed 5-18-43

1233 (Licensed Embalmer's Statement on Reverse Side)

JUN 13 1950

MAR 1 JUN 24 1949

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: F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.