. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33942

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 265

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Independence~~ Rural Blue Twp

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

(c) Name of hospital or institution ~~1320 W Short~~ Salsbury 1 Road 2 mile east of 24 Hi Way

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

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

In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4

(If outside city or town limits, write "RURAL")

(d) Street No. 1320 W Short cl

(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME GEORGE FANNING THOMPSON

3. (b) If veteran, name war none

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

4. Sex male C

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 11 (Month) 1874 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	2	..... hr. ..... min.

9. Birthplace Kankee (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired RR Conductor

11. Industry or business Alton Railroad Co

FATHER
12. Name Garrett Thompson
13. Birthplace ..... (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Caroline Unknown
15. Birthplace ..... (City, town, or county) Canada (State or foreign country)

16. (a) Informant Samantha Thompson

(b) Address 1320 W Short

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9. 18. 45 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director George C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 9-17-45 (Date received local registrar) (b) James W Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy no
History & Inspection

940

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 James Walker (M.D. or other) Coroner

Address 1424 Prof Bldg Date signed 9-14-45

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 2 1948

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 George C. Larson

Licensed Embalmer No. 2249

P. O. Address Independence 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.