

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40651**

FILED JAN 8 1946

Registration District No. _____

Primary Registration District No. **1000**

Registrar's No. **1430**

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:
2426 So 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Over 20 years** years, months or days

3. (a) PRINT FULL NAME

Boone Thompson

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

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

4. Sex **Male** (1) 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Leona** 6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **Oct 5 1871** (Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **23** If less than one day hr. min.

9. Birthplace **Memphis Mo.** (City, town, or county) **Kansas** (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Un Known**
13. Birthplace **Un Known** (City, town, or county) **9** (State or foreign country)
14. Maiden name **Un Known** (City, town, or county) **9** (State or foreign country)
15. Birthplace **Un Known** (City, town, or county) **9** (State or foreign country)

16. (a) Informant **E. S. Clark**
(b) Address **Atchison Kans.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-31-45** (Month) (Day) (Year)
(c) Place: burial or cremation **Memo Park Cem.**

18. (a) Signature of funeral director **Flannan & Son Inc.**
(b) Address **St Joseph, Mo.**
19. (a) **Jan. 2 1946** (Date received local registrar) (b) **Off. Notarized** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St Joseph** (If outside city or town limits, write "RURAL")
(d) Street No. **2426 So 6th** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28** year **1945** hour **3** minute **30** A. M.
21. I hereby certify that I attended the deceased from **ON** **Dec 28** 19**45** to _____, 19____; that I last saw him **alive** on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death **Sufficated to death** Duration
when his home burned

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **4/15**
Of autopsy **16/15**

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) **Accident**
(b) Date of occurrence **Dec 28th 1945** **13/1**
(c) Where did injury occur? **St. Joseph, Mo.** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) (e) Means of injury **Fire**

23. Signature **B. W. Tadlock** Coroner **3**
Address **Kings Hill Bldg.** Date signed **12/28/45**

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

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.....

Robert H. Yaph

Licensed Embalmer No. *3308*

P. O. Address.....

St Joseph, 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.