

No. 2
-8-43
17-39
X37823

FILED MAR 12 1946

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Marion Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days years, months or days)

3. (a) PRINT FULL NAME

Thomas E. Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. 491-01-1795

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Walters Thompson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 28, 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 5 If less than one day hr. min. 1

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

10. Usual occupation Former Employee

11. Industry or business Rogers Iron Works

MOTHER FATHER { 12. Name Henry Thompson 9
13. Birthplace no record 9
(City, town, or county) (State or foreign country)
14. Maiden name Emma Scraggins 0
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Thompson
(b) Address 1901 Ky. Ave, Joplin Mo.

17. (a) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORN MEML.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo

19. (a) FEB. 5. 46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1901 Kentucky
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1946 hour 8 minute 55 M.

21. I hereby certify that I attended the deceased from Jan 25, 1946, to Feb 2, 1946
that I last saw him alive on Feb 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 13/4
Of autopsy _____

Duration
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? (c) Means of injury _____

23. Signature Jess E. Douglas (M. D. or D.V.M.) 0
Address Joplin Mo Date signed 2/2/46

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

46-2-166

JAN 21 1955

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 *Henry K. Furested*

Licensed Embalmer No. *989*

P. O. Address *Spencer Mass*

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.