

No. 2
12-45
5-17-39
1. X47070

FILED JAN 20 1947

Primary Registration District No. 1000

Registrar's No. 15

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days) 35 years

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. 2806 So. 24th
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Maud Katherine Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 23 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	6	9	hr. min.

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

Usual occupation at home

1. Industry or business at home

12. Name Ples Green

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

14. Maiden name Myrta Biddle

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

(a) Informant Fred Thompson
Address St. Joseph, Mo.
burial (b) Date thereof 1/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Mt. Auburn Cemetery

Signature of funeral director Walter Behler & Bowman

Address St. Joseph, Mo.
(a) 1-8-47 (b) R. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec 1946 to Jan 2 1947
that I last saw h. ex alive on Jan 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Peritonitis 1 day

Due to Rupture of left tubo-ovarian abscess

Due to Bilateral Tubo-ovarian abscess

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

Duration

PHYSICIAN

Major findings:
Of operations Generalized Peritonitis

Of autopsy as above 39A

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?

While at work? (Specify type of place)

(e) Means of injury.....

23. Signature Wm Redwood M.D.
Address 523 Corley Bldg St. Joseph, Mo. 1/3/47
(M. D. or other) (Date signed)

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

MOTHER FATHER 1-458
COR. by 8-11
H. G. S. 1/13/47

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..... *Eugene Wood*

Licensed Embalmer No. *5804*

P. O. Address *319 So 10th St Joseph*

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
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State of Mo.
County of Buch } ss.

State File No.
Local Registrar's No. 15

On this 25 day of February, 1948, before me appears Mrs. D. L. Thompson, who, upon her oath, states that the original record of ~~birth~~ death for Maud Katherine Thompson ^{died} Jan 2, 1947, in the State of Missouri, and which was filed at St. Joseph on 1-8, 1947, should be corrected as follows:

Item No. should read

Instead of

Item No. 3a should read Maud Katherine Thompson

Instead of Maud Katherine Thompson

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. D. L. Thompson daughter-in-law
Relationship.

2806 So. 24th St., City
Present Address.

Subscribed and sworn to before me this 25 day of Feb., 1948.

My Commission Expires Apr. 24, 1949

My Commission expires E. G. Jenkins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 323

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5

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:

(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 days3. (a) PRINT
FULL NAMEMed. K. Thompson

3. (b) If veteran,
-
- name war _____

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

4. Sex _____

5. Color or
race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

54 Years

Months _____

Days _____

(If less than one day)

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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 _____

- (b) Address _____

17. (a) _____

(Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____

(Date received local registrar)

- (b) _____

(Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan
-
- year
- 1947
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; 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 _____

Duration _____

Generalized Peritonitis
Due to Rupture of leftDue to tub - ovarian abscess.
Bilateral tub - ovarianOther conditions: abscesses.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

MOTHER FATHER

SUPPLEMENTARY