No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948
Registration District No. 209

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 20159
Registrar's No. 190

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 714 Union, Residence
(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 days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 814 Union 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph R. Thompson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Jennie Foster
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October 3, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business xx 4
FATHER
12. Name Joseph Thompson 1
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Lowe 0
15. Birthplace Ralls County Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Luther Hartle
(b) Address 714 Union, Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cem - New London
18. (a) Signature of funeral director W. Crawford Smith Mo.
(b) Address 902 Broadway Hannibal Missouri
19. (a) 6-9-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 15, 1948 to June 5, 1948
that I last saw him alive on June 1, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cancer of Head of pancreas | 1 year |
| Due to | |
| Due to | |
| Other conditions: Coronary artery Disease (Include pregnancy within 3 months of death) | 5 yr. |

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause of 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 0

23. Signature Robert J. Lanning (M. D. or other)
Address 510 Bth. Bldg. Hannibal Mo. Date signed 6/9/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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 W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.