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FILED SEP 16 1948
Registration District No. 2572

Primary Registration District No. 3044

Registrar's No. 40

6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution:
111 N. FRANKLIN 1
(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

3. (a) PRINT FULL NAME JAMES CLINTON THOMPSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY E. THOMPSON

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

7. Birth date of deceased APRIL 27 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace MONITEAU Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MINISTER

11. Industry or business _____

MOTHER FATHER { 12. Name ANDREW J. THOMPSON

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

14. Maiden name NANCY SALEN

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

16. (a) Informant Jessie Thompson

(b) Address Kansas City, MO.

17. (a) BURIAL (b) Date thereof 9-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON CEMETERY

18. (a) Signature of funeral director Louis D. Phelan

(b) Address Eldon, Mo.

19. (a) 9-10-48 (b) Cherretta Walker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

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

(d) Street No. 111 N. FRANKLIN
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from nearly years ago, to 9/7/48, 1948
that I last saw him alive on 9/16/48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoid

Due to _____

Due to _____

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

Major findings: Of operations 16

Of autopsy _____

Duration ?

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 L. D. Walker (M. D. or other) _____

Address Eldon Mo Date signed 9/9/48

RECEIVED
District Health Officer No. 9,
District File Number
SEP 14 1948
Date Filed

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.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*
Licensed Embalmer No. *3663*

P. O. Address..... *Bedou*

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.