FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8108

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 241

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place): 142 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'REILLY VA HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: Sedgwick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WICHITA
d. STREET ADDRESS (If rural, give location): 1032 Ohio

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) c. (Last) Thompson
4. DATE OF DEATH: March 12 1949
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April 6, 1895
9. AGE (In years last birthday): 53 — If under 1 year: Months 11 Days 6 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE SHOWN
10b. KIND OF BUSINESS OR INDUSTRY: NONE SHOWN
11. BIRTHPLACE (State or foreign country): MORFORD, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: NONE SHOWN
13b. MOTHER'S MAIDEN NAME: NONE SHOWN
14. NAME OF HUSBAND OR WIFE: CLARA THOMPSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: NONE SHOWN
17. INFORMANT'S SIGNATURE OR NAME: VA RECORDS, O'REILLY VA HOSPITAL, SPRINGFIELD, MISSOURI — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 21, 19 48, *to* March 12, 19 49, *that I last saw the deceased alive on* March 12, 19 49, *and that death occurred at* 7:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul L. Eisele (Degree or title) PAUL L. EISELE, M.D. Clinical Director
23b. ADDRESS: O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI
23c. DATE SIGNED: March 12 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MARCH 16, 1949
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): WICHITA KANSAS

DATE REC'D BY LOCAL REG. 3/15/49
REGISTRAR'S SIGNATURE: W. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Lorman-Schaff Funeral Home Springfield Mo — ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1945

APR 1 [illegible]

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Lewis G Scharpf

Signed ..... Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfield, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.