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FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26670

BIRTH NO. 56472-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 803

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	c. LENGTH OF STAY (In this place) <b>1 DAY</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2 SPRINGFIELD RURAL N. Campbell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2654 N. KELLETT</b>	

3. NAME OF DECEASED (Type or Print) <b>KENNETH EDWARD THOMPSON</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>SEPT 6 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER SINGLE</b>	8. DATE OF BIRTH <b>SEPT 5, 1949</b>	9. AGE (In years last birthday) <b>0</b>	# UNDER 1 YEAR Months <b>0</b>	# UNDER 24 HRS. Days <b>1</b>	Hours <b>1</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ROBERT THOMPSON</b>	13b. MOTHER'S MAIDEN NAME <b>MABLE STACY</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ROBERT THOMPSON, REED SPRINGS</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		
	ANTECEDENT CAUSES 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.		<b>776X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 5, 1949, to Sept 6, 1949, that I last saw the deceased alive on Sept 6, 1949, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>John P. Ferguson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Springfield Mo.</b>	23c. DATE SIGNED <b>9/7/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 8, 1949</b>	REGISTRAR'S SIGNATURE <b>W.S. Standley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner + Co. Speaff.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Max Rhodes*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4071*

P. O. Address \_\_\_\_\_

*Springfield*

**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.