

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36446

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1318

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>2</u> <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2.</u>		d. STREET ADDRESS (If rural, give location) <u>2708 Walnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Hugh</u> c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 - 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 19 1872</u>	9. AGE (In years last birthday) <u>77</u> <u>5</u> MONTHS <u>11</u> DAYS <u>11</u> HOURS <u>11</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri - Nodaway Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Melville K Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Merche E. Edger</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Jane Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> *****	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest L. Thompson</u> ADDRESS <u>Dr. 92. mo 1106 Prospect</u>
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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, asphyxia, 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) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 Nov 23, 1949, to Nov. 30, 1949, that I last saw the deceased alive on Nov. 29, 1949, and that death occurred at 1:05 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Farren Thomas MD</u> (Degree or title)	23b. ADDRESS <u>Adapt Mo of State Hospital no 2</u>	23c. DATE SIGNED <u>11/30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilcox Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wilcox, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins 382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u> ADDRESS <u>1046 Coihoun St. St. Joseph, Mo.</u>
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(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, *Erby******

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Student Embalmer No.

working under my personal supervision.

Signed

Albert C. Harrington

Signed.....***** **

Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.