

MAY 13 1940
Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Dr. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) - 12 years

8. (a) PRINT FULL NAME LENA MAY THOMPSON
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 25 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Beltz, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name C. S. Hawkins

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

14. Maiden name Mary Owens

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

16. (a) Informant's own signature Frank L. Thompson

(b) Address A. C. Mo.

17. (a) Buried (b) Date thereof May - 1 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Memorial

18. (a) Signature of funeral director Shirley Bell

(b) Address Joplin, Mo.

19. (a) 4-30-40 (b) Ed. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3 - Joplin, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 25, 1940 to April 29, 1940
that I last saw her alive on April 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart Duration 24 hrs.

Due to Hypertensive heart disease 4 yrs.

Due to hypertension ?

Other conditions nephrosis 4 yrs.
(include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 37

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed Apr 30 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

40-5-79

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, Mo

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, above space should be left blank.