

No. 2
4-13-40
5-17-39
I X23189

FILED FEB 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH: Jasper

(a) County _____

(b) City or town. Joplin

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

2030 EMPIRE AVE. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community. 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Mo; 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2030 Empire Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Leslie F. (Gabe) Thompson

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 444-03-2229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 1941.

year _____ hour 9-00 A. M. _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie Thompson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 23, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1940 to Jan 20, 1941

that I last saw him alive on Jan 20, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis

Duration Year

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

Due to _____

Due to _____

10. Usual occupation Lead and Zinc Miner

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

Major findings:
Of operations _____

11. Industry or business MINING

12. Name Jesse W. Thompson

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

14. Maiden name Emma Moore

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

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Thompson

(b) Address 2030 Empire

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEM.

(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? 379

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

(Specify type of place) _____
(e) Means of injury _____

23. Signature H. L. Walker (M. D. or other) 0

19. (a) 1-21-41 (b) Ed. D. James
(Date received local registrar) (Registrar's signature)

Address Joplin Mo Date signed 1-20-41

DEC 21 1944

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

Sam E. Sencer

Licensed Embalmer No. *4099*

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, fact should be so stated above.