

FILED JUL 11 1941

21889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3 Box 1193
(If usual, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Blanche Thompson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th
year 1941 hour 1:45 A minute _____ M.
21. I hereby certify that I attended the deceased from June 5
1941 to June 9 1941
that I last saw him alive on June 8 1941
and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy E. Thompson 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 4, 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs
Due to arterio sclerosis

8. AGE: Years 65 Months 3 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Dola / Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business _____
12. Name Page Fisher
13. Birthplace Quincy / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy E. Thompson
(b) Address Rt 3 Box 1193 Joplin, Mo.
17. (a) Removal (b) Date thereof 6-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg, Kan.
18. (a) Signature of funeral director Southwick
(b) Address Thur Hill - Dillon North Joplin, Mo.
19. (a) 6-10-41 (b) Ed J. Jansky
(Date received local registrar) (Registrar's signature)

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?
377 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. L. L. L. (M. D. or other) _____
Address Joplin Mo Date signed 6-9-41

(Licensed Embalmer's Statement on Reverse Side)

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

0. 2
4-41
17-39
X28390

41-7-598

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.....

Licensed Embalmer No.....

P. O. Address.....

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.