

No. 2
1-10-37
17-39
X21492

AUG 11 1941
Registration District No. 875

Primary Registration District No. 6162

State File No. _____

Registrar's No. 220

1. PLACE OF DEATH

(a) County Bonon

(b) City or town Barab - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution months 8 days
(Specify whether _____)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper¹⁰⁸

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

(d) Street No. OK
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Maile Mae Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1941 hour 09 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 9, 1940 to July 17, 1941
that I last saw her alive on July 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife E. A. Thompson 6. (c) Age of husband or wife if alive OK years

7. Birth date of deceased August 4 1892
(Month) (Day) (Year)

Duration _____

Subacute meningitis - encephalitis

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

48 11 13 hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name OK

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

14. Maiden name OK Unknown

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

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature W. J. Cremer (M. D. or other) 1

Address Nevada Date signed 7/17/41

16. (a) Informant Step. Read

(b) Address Nevada mo.

17. (a) Burial (b) Date thereof 7/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oscola, Mo.

18. (a) Signature of funeral director Maude Schinger

(b) Address Nevada mo.

19. (a) NRH (b) Allen W. Day
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1220

Date Filed 8-5-41

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

Mark E. Eisinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.