

Registration District No. 98

Primary Registration District No. 5362

Registrar's No. 6

FILED SEP 11 1942

1. PLACE OF DEATH:

(a) County DAVLESS
(b) City or town "Rural" Jamesport twp
(c) Name of hospital or institution: R70 # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 years
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAVLESS
(c) City or town Rural
(d) Street No. R70 #
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

John Thompson

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith May Johnson 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 17 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 28 If less than one day hr. min.

9. Birthplace Grundy Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Famer

11. Industry or business Famer

12. Name Franklin Johnson
13. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Williams
15. Birthplace Indiana Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. B. Bailey

(b) Address 1084 St. James St. Kansas City, Mo.

17. (a) burial (b) Date thereof Aug 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri County

18. (a) Signature of funeral director James J. ...

(b) Address Jamesport, Mo.

19. (a) 8-17-1942 (b) A. O. Gichesson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1924 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Aug 14 1942 to Aug 15 1942
that I last saw him alive on Aug 14 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Glomerular nephritis

Due to Cardiovascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature J. B. Bailey (M. D. or other) Dr.
Address Jamesport, Mo. Date signed 8-16-42

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

MOTHER FATHER

31
0
0

32
6

1084

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address.....

Denton, 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.