

FILED OCT 13 1942

Registration District No. 156

Primary Registration District No. 200

Registrar's No. 410

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

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:  
1809 Grand # Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
48 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1809 Grand  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Thompson  
(b) If veteran, name war \*\*\*  
(c) Social Security No. \*\*\*

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife John F. Thompson (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 6, 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation home duties

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jim Clark  
13. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)  
14. Maiden name Boston  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elna Yoakum

(b) Address Hurlbut Hous. Joplin, Mo.

17. (a) Burial (b) Date thereof 9-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin, Mo.

19. (a) 90-1-42 (b) Gertrude Sudhalter  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug - 15 to Sept 26, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Encephalitis Chronic Duration \_\_\_\_\_

Due to Chronic Infection

Due to \_\_\_\_\_

Other conditions 1318  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 E. G. Goat (M. D. or other) \_\_\_\_\_

Address 306 Mass Bldg Date signed 10-1-42

42.9.836

DEC 3 - 1942

NOV 9 1942

DEC 9 1942

JAN 19 1943

**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 *Perry T. Lueders*

Licensed Embalmer No. *959*

P. O. Address *Joseph 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.**