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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37263

State File No.

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. 32 min. (Specify whether years, months or days)
In this community 6 hrs. 32 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Judith Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased November 22 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 6 hr. 35 min.

9. Birthplace Jackson Co. Hosp. Little Blue (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Fred John Thompson
13. Birthplace Vienna (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Vernetta Pixley
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fred J Thompson
(b) Address 914 So. Noland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) Nov. 24 1942 (Date received local registrar) (b) F. M. Schick by Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1942 hour 8 minute 02 p. M.

21. I hereby certify that I attended the deceased from November 22, 1942, to November 22, 1942, that I last saw her alive on November 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

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

23. Signature F B Dailey (M. D. or other) M.D.
Address Independence Mo. Date signed 11-23-42

1162 (Licensed Embalmer's Statement on Reverse Side)

MAR 17 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. [illegible]

Licensed Embalmer No. 2767

P. O. Address Independence, 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.