

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (c) Name of hospital or institution: McCune-Brooks Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution since Mar. 1, 1942
 In this community 45 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 114 E. Chestnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Frank Thompson

3. (b) If veteran, name war No 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 Frances Thompson 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 25 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 22
 If less than one day hr. min.

9. Birthplace Buffalo New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Dealer

11. Industry or business Furniture Store

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. John Carter

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof July 19, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 17 '43 (b) Elizabeth Coupland
 Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1943 hour 6:30 minute 4 M.

21. I hereby certify that I attended the deceased from July 21, 1943, to July 17, 1943;

that I last saw him alive on July 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Paresis Duration

Due to Senility

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: 87d

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) (c) Name of injury

23. Signature R. H. Webster (M. D. or other)
 Address Carthage, Mo Date signed July 17, 43

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

49
 3

1203

42-1-685

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 Emm. L. Stuef
Licensed Embalmer No. 391
P. O. Address Barth...

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.