

FILED MAY 14 1946

State File No. _____

Registration District No. 29

Primary Registration District No. 5374

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Wetzel
(b) City or town Rural Co. / Wax Salom Road
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 61 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wetzel 32
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JONATHAN JAMES THOMPSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb 19 1864
(Month) (Day) (Year)

8. AGE: Years: 82 Months: 1 Days: 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Thompson II

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

14. Maiden name Jane Boyd

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

16. (a) Informant L. C. Thompson
(b) Address Osburn Mo.

17. (a) Burial (b) Date thereof 4/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgely Church

18. (a) Signature of funeral director T. A. Jagan
(b) Address Stewartville Mo.

19. (a) April-11-46 (b) Walter Davidson
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 3, 1946, to April 2, 1946 that I last saw him alive on April 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duodenum

Due to _____

Due to _____

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

Major findings: _____
Of operations 4/6
Of autopsy _____

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 W. S. Gale (M. D. or other) O
Address Osburn Mo. Date signed 4/3/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

32
0
0

11611

MOTHER FATHER

82

MAR 10 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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... *Samuel D. Taylor*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg 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.