

43  
5-17-39  
I X36671

**FILED JUN 21 1946**  
Registration District No. **1-5-12**

Primary Registration District No. **2011**

Registrar's No. \_\_\_\_\_

**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:  
**2816 Main Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

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

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **October 1, 1872**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **26**  
If less than one day .hr. .min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **City Inspector and Engineer**

11. Industry or business \_\_\_\_\_  
12. Name **Leonard E. Thompson**  
13. Birthplace **Illinois**  
14. Maiden name **Martha J. Wilks**  
15. Birthplace **Illinois**

16. (a) Informant **Mrs. Earl Shade**  
(b) Address **2561 Virginia, Joplin, Mo.**  
17. (a) **Burial** (b) Date thereof **5-31-46**  
(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) **5-29-46** (b) **Ed James**  
(Date received local registrar) (Registrar's signature)

**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. **2816 Main Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **May** day **27**  
year **1946** hour **4** minute **15 a.m.**  
21. I hereby certify that I attended the deceased from **2** to **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**  
Due to **Complications of the Spleen**  
Duration \_\_\_\_\_

**ADDITIONAL INFORMATION**  
Other conditions (Include pregnancy with duration) \_\_\_\_\_  
Major findings: Of operations **Requested**  
Of autopsy **Spleen Removed and was great in size**

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 **A. H. Benfelt** (M. D. or other) **Do**  
Address **2114 Joplin** Date signed **5/29/46**

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

138

46-5-493

SEP 13 1956

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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*William M. Dungey*

Licensed Embalmer No. *13566*

*212. Toplin 519*  
P. O. Address..... *Toplin*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. July  
Registrar's No. \_\_\_\_\_

Registration District No. 10-6

Primary Registration District No. 2001

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Eva E. 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 wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 27  
Year 1946 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration \_\_\_\_\_

Due to Cerebral aneurysm of spleen

liver & kidney

Other conditions Heart & viscera affected

(Include pregnancy within 3 months preceding death)

SUPPLEMENTAL INFORMATION

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

Of autopsy Spleen & kidney

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 D. W. Bennett (M. D. or other) \_\_\_\_\_  
Address 2114 Joplin Date signed 6/27/46

SUPPLEMENTARY

19650 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 12 1946

207.78