S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37122

Primary Registration District No. 2001

Registrar's No.

49
2
5

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: 2020 Harlem
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 2020 Harlem 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: HENRY C. THOMPSON

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of husband or wife: EDITH THOMPSON

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

7. Birth date of deceased: NOVEMBER (Month) 2, (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	6	hr. ____ min.

9. Birthplace: California, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Cab Driver

11. Industry or business: Yellow Cab Co., Joplin, Mo

FATHER
12. Name: No Record 9
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record 9
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Edith Thompson
(b) Address: 2020 Harlem, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carl Junction, Mo

18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502, Joplin, Joplin, Mo

19. (a) 12-7-48 (Date received local registrar) (b) Elva James (Signature) by Dale Hunsaker
1381 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1948 hour 7:30 minute p M.

21. I hereby certify that I attended the deceased from May, 19 47, to ____, 19____;
that I last saw him alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coronary occlusion	1 day
Due to: Arterio-sclerosis generalized	unk
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 9
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): No
(b) Date of occurrence: non
(c) Where did injury occur? non (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): 0
While at work? (e) Means of injury: 0

23. Signature: W. W. Lynch (M.D. or other) MD
Address: Mem Nat'l Bud Bldg Date signed: 12/4/48

48-12-1028

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.