

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5307

44  
21

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper 19	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) 13th & Rex Crossing	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1949	
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) G. c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2	8. DATE OF BIRTH Dec. 28, 1879
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Newmans	11. BIRTHPLACE (State or foreign country) Tennessee. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Newmans		10b. KIND OF BUSINESS OR INDUSTRY unknown	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Julius A. Thompson		13b. MOTHER'S MAIDEN NAME Hettie A. Carter	14. NAME OF HUSBAND OR WIFE widowed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess Phillips Webb City, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 Days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2317	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5 Feb, 1949, to 7 Feb, 1949, that I last saw the deceased alive on 6 Feb, 1949, and that death occurred at 6:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE B. Schaefer (Degree or title) M.D.		23b. ADDRESS Joplin Mo	23c. DATE SIGNED 8 Feb 49
24a. BURIAL / CREMATION REMOVAL (Specify) Burial	24b. DATE 2/9/49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) Joplin, Mo. (State)
DATE RECD BY LOCAL REG. 2-9-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis Webb City, Mo. ADDRESS	

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

Retired

MAR 3 1949

## 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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.Signed.....  
Student EmbalmerSigned..... *Richard Gray Lewis* .....Licensed Embalmer No. *4405* .....P. O. Address *Wab City, 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.