

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20017**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>	
c. LENGTH OF STAY (In this place) <u>45 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>212 Skinner St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>27</u> <u>1949</u>
-------------------------------------	----------------------------	-------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 30, 1863</u>	9. AGE (In years last birthday) <u>86</u> <u>83</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mexico, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Malacahi Yant</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John T. Johnson, R#2, Seneca, Mo.</u>
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) <i>See back of cert for cause of death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>agl</u>			<u>391X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <u>6:27</u>	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 6/27, 1949, to 6/27, 1949, that I last saw the deceased alive on 6/27, 1949, and that death occurred at 12:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. D. Kammer D.C.</u>	23b. ADDRESS <u>Carl Junction, Mo.</u>	23c. DATE SIGNED <u>6/27/49</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-1949</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Carl Junction</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL JUNE 29, 1949 REG.	REGISTRAR'S SIGNATURE <u>R. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lou Honey Carl Jot., Mo.</u>
--	--	--

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

RECEIVED 7-5-49

Jasper County Health Office

County File Number 49-6-507

Date Filed 7-9-49

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.

Student \_\_\_\_\_  
Student Embalmer

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of Jasper SS.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 20017

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for ..... died  
born ..... 19....., in the State of  
Missouri, and which was filed at ..... on ..... 19....., should be corrected as follows:

Item No. .... should read Born: Jan 30, 1866

Instead of Jan 30, 1863

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Don Roney none  
Relationship.

Roney Funeral Home  
Present Address Carl Junction, Mo.

Subscribed and sworn to before me this 27th day of July, 1949

My Commission expires June 14, 1951  
J. M. East Notary Public.

