

Registration District No. **413**

Primary Registration District No. **5559.C.**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Meruval**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Jasper C. P. C. Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 months**
 (Specify whether
 In this community _____
 years, months or days) **10 months**

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. **1722 Picky**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Frank E. Thompson**

8. (b) If veteran, name war **NONE** 8. (c) Social Security No. **(49-01-5632)**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Agnes Thompson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 2 1895**
 (Month) (Day) (Year)

8. AGE: Years **44** Months **11** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Springfield** **Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business _____

MOTHER FATHER { 12. Name **Mark L. Thompson**

18. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Mary M. B. 1892**

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

16. (a) Informant's own signature **Records**

(b) Address _____

17. (a) **Burial** (b) Date thereof **June 29 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Laurence Mortuary**

(b) Address **1502 Joplin St. Joplin, Mo.**

19. (a) **JUNE 29. 40** (b) **J. L. [Signature]**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
 year **1940** hour **6** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **Aug 29-1939**
 _____, 19____, to **June 27**, 19____
 that I last saw him alive on **June 27**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
Tuberculosis Extremities
 Due to _____

Due to **27**
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy: _____

Duration
 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?
3015
 While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature **James J. Douglas** (M. D. or other) _____
 Address **1722 Picky St. Joplin, Mo.** Date signed **6/27/40**