

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12054
Do not use this space.

1. PLACE OF DEATH Ray ²
 (a) County Ray Registration District No. 740
 (b) Township Crossed river Primary Registration District No. 5975
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 5 12
 2. PRINT FULL NAME William Floor Franklin Thompson
 (a) Residence, No. all his life St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Anderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 23 - 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 8 14
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer &
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal Miner
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1939, to Mar 27, 1939
 I last saw him alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Date of onset 2-2-39
 105
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Mo

13. NAME William F. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millville Mo

15. MAIDEN NAME Jury Dye 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millville Mo

17. INFORMANT (ADDRESS) Marie Thompson Northome Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin DATE Mar - 9 - 1939

19. FUNERAL DIRECTOR (ADDRESS) Jno W. Knopshel Hardin Mo

20. FILED Mar 8 1939 R. L. Willyford Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) St. Ad. Kissel, M. D.
 (Address) Northome Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, John W. Kuipschick, Licensed Embalmer No. 2789
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed John W. Kuipschick
Licensed Embalmer No. 2789

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.)