

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain **RECD NOV 13 1939**  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 532 E. Liberty St 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)  
In this community 3 years

3. (a) PRINT FULL NAME Mary C. Thompson 512

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. Thompson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 6, 1855  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>84</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Webster County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature William M. Burchford

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Oct. 23, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director Earl E. Precht

(b) Address Mexico, Mo.

19. (a) Oct 23-39 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster  
(c) City or town Nyangua  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1939 hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Oct 11, 1939 to Oct 22, 1939  
that I last saw her alive on Oct 21, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction and arteriosclerosis Duration \_\_\_\_\_  
arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Blanche Keely (M. D. or other) \_\_\_\_\_  
Address Wellsburg Mo Date signed 10-23-39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-38 I 101511

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.

RECEIVED

District Health Officer No. 10

District File Number 11-29-1898

Date Filled NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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, above space should be left blank.