

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

39156
Do not use this space.

1. PLACE OF DEATH **DEC 13 1939**
 (a) County Butler Registration District No. 89
 (b) Township Paplar Bluff Primary Registration District No. 5131
 (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.
 2. PRINT FULL NAME Dale Richard Thompson
 (a) Residence, No. 512 W. Paplar Bluff Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Registered No. 265

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 0 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Paplar Bluff Mo

FATHER 13. NAME Clayton Edgar Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

MOTHER 15. MAIDEN NAME Julia Ann Armes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

17. INFORMANT (ADDRESS) Clayton Thompson Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE Nov 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NI Phelps Paplar Bluff Mo

20. FILED 11/3/39 Abeltinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1939, to Nov 1, 1939

I last saw him alive on Oct 31, 1939. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset Oct 25

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) NI Phelps, M. D.

(Address) Paplar Bluff Mo

K. 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.

1 Row

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

