

FILED MAR 7 - 1940

Registration District No. 222

Primary Registration District No. 4135

Registrar's No. 4

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

**1. PLACE OF DEATH**

(a) County Cooper

(b) City or town Pilot Grove  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 yrs  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** WILLIAM-BATES-THOMPSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Dec - 8 1850  
(Month) (Day) (Year)

**8. AGE:** 89 Years 9 Months 9 Days — If less than one day — hr. — min.

**9. Birthplace** Genoa County, Virginia  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farming

**11. Industry or business** same as 10

**12. Name of father** John Thompson

**13. Birthplace of father** unknown

**14. Maiden name of mother** Jessie Harrison

**15. Birthplace of mother** unknown - Virginia

**16. (a) Informant** Wm. J. Thompson

**(b) Address** Pilot Grove, Mo

**17. (a) Place of burial or cremation** Union Burial

**(b) Date thereof** 2-19-1940  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** [Signature]

**(b) Address** Pilot Grove, Mo

**19. (a) Date received by local registrar** 2/19, 1940

**(b) Registrar's signature** Mrs. E. B. McCutchen

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove, Mo  
(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 Feb day 17  
year 1940 hour 11 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** 2-6-40  
\_\_\_\_\_ 19\_\_\_\_, to 2-17 \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 2-17-40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis

Duration 15 years

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

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

Other conditions 97  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

**Of autopsy:** \_\_\_\_\_

**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? \_\_\_\_\_

**23. Signature** J. O. Baly (M. D. or other) \_\_\_\_\_

**Address** Pilot Grove

**Date signed** 2-18-40

RECEIVED  
District Health Officer No. 8,  
District File Number 3/5/40  
Date Filed

**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.....

Jeyton E. Hays, Registered Apprentice No. ....  
working under my personal supervision.

Signed Jeyton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

**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.