

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.

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 APR 22 1941

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

 State File No. 11007
 Registrar's No. 306

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

 (a) County Green
 (b) City or town Springfield, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Springfield Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution four days
 (Specify whether
 In this community
 years, months or days) 5/2

 8. (a) PRINT FULL NAME Lumbeck H. Thompson

 8. (b) If veteran,
 name war

 8. (c) Social Security
 No.

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

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

 7. Birth date of deceased Apr. 15, 1880
 (Month) (Day) (Year)

 8. AGE: Years 59 Months 11 Days 12 If less than one day
 hr. _____ min.

 9. Birthplace Polk County, Fair Play, Mo.
 (City, town, or county) (State or foreign country)

 10. Usual occupation Carpenter

11. Industry or business _____

 12. Name D. W. Thompson

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

 14. Maiden name Susan Emerson

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

 16. (a) Informant's own signature Verdie Thompson

 (b) Address Fair Play, Mo.

 17. (a) Bethel (b) Date thereof 3/29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation Bethel

 18. (a) Signature of funeral director H. C. Davis & Co
Stockton, Mo.

(b) Address _____

 19. (a) 3/28/40 (b) Chas. B. George
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Missouri (b) County Cedar
 (c) City or town Fair Play, Missouri Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month March day 27
 year 1940 hour 2 minute 30 P. M.

 21. I hereby certify that I attended the deceased from
3-22, 1940 to 3-27, 1940
 that I last saw him alive on 3-26, 1940
 and that death occurred on the date and hour stated above.

 Immediate cause of death Myocardial infarction following cholelithiasis
forever after the death Duration _____
 Due to _____

Due to _____

 Other conditions 176
 (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 E. L. Roderick (M. D. or other) _____

 Address Springfield, Mo. Date signed 3-27-40

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

H