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

FILED JUN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18498

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 2602 Mabel St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 61 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Same (b) County

(c) City or town Same (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.

3. (a) PRINT FULL NAME Carl Thompson 512

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased January (Month) 5 (Day) 1879 (Year)

8. AGE: Years 61 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Centerville (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Meat Market

FATHER
12. Name Joseph Thompson
13. Birthplace unknown (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Cinderella Mayers
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant E. L. Thompson

(b) Address Trenton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mapel Grove

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Mo.

19. (a) 5-14-40 (Date received local registrar) (b) Irene D. Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1940 hour 2:05 minute A M.

21. I hereby certify that I attended the deceased from May 7, 1940, to May 13, 1940; that I last saw him alive on May 12, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 300 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Mains (M. D. ~~or other~~)

Address Trenton Mo Date signed 5/12/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-963
Date Filed JUN 12 1940

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 Robert B. Davis Registered Apprentice No. 212 working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.