

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18997  
Registrar's No. 5

Registration District No. 552 Primary Registration District No. 5745

**I. PLACE OF DEATH:**

(a) County Marion *Warrick, Ind*  
(b) City or town Monroe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
708 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 65 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 708 N. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Elizabeth Francis Tompkins

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 George W. Tompkins  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 16th 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 I hr. \_\_\_\_\_ min.

9. Birthplace Paris Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name James H. Simmon  
18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Teresa May Childers  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth D Tompkins

(b) Address Monroe City Mo

17. (a) Burial (b) Date thereof May 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes Cemetary

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) May 18, 1940 (b) Mrs. Alta V. Wagner  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 17th  
year 1940 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 3rd  
1932, to May 16, 1940  
that I last saw her alive on May 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic disease  
pelvic Cholecystitis

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

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

Major findings: None reported  
Of operations: None reported  
Of autopsy: None reported

Duration  
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?

84/ While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Monroe City Mo Date signed 7/17/40

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

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**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 \_\_\_\_\_

*Leslie L. Wilson*

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.**