

Registration District No. 735 Primary Registration District No. 3034 State File No. _____ Registrar's No. 105

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
455 Woodland
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Nana E. Thompson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 29th 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 16 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name George W. Thompson
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Sarah J. Goodwin
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs G P Delaney
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof May 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holiday Mo

18. (a) Signature of funeral director Mahan endson
(b) Address Moberly Mo

19. (a) May 17-40 (b) Leah Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 455 Woodland
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15th
year 1940 hour 12 minute 25 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1940
May 15, 1940, to May 15, 1940
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arteriosclerosis</u>	
<u>hemiplegia</u>	
<u>hemiplegia</u>	
Due to _____	
Due to _____	
Other conditions _____	
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? _____
925 P. M. (Specify type of place) While at work (e) Means of injury _____
23. Signature Let Dickell MD (M. D. or other) _____
Address Moberly Mo Date signed May 15 1940

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

863

MOTHER FATHER

822
RECEIVED

District Health Officer No. 10

District File Number 6-40-1160

Date Filed JUN 10 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.....

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

working under my personal supervision.

Signed Frank B. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.

No. 2B
-2-20
1 8 259

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 735

Primary Registration District No. 2034

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

3. (a) PRINT FULL NAME Nana E. Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race w

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 7 16 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 May day 15 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Arterio Sclerosis
Detractional Hemiplegia

Duration _____

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

Major findings: Of operations 820

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature L. H. Russell (M. D. or other) _____

Address Monroeville Mo Date signed _____

SUPPLEMENTAL

S-19320