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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26519

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 190

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1014 S. Cedar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 6 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada (If outside city or town limits, write "RURAL")

(d) Street No. 1014 S Cedar (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Rebekah Elizabeth Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William H Thompson

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

7. Birth date of deceased Jan (Month) 3 (Day) 1856 (Year)

8. AGE: Years 84 Months 6 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name A. F. Cope
13. Birthplace Unknown ? (City, town, or county) Carolina (State or foreign country)

MOTHER
14. Maiden name Sarah Dalton
15. Birthplace Lee Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Harvy Thompson

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/40 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo

19. (a) 8-1-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 3 minute 20 P M.

21. I hereby certify that I attended the deceased from July 13, 1940, to July 27, 1940 that I last saw her alive on July 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. Duration July 27 1940.

Due to Hypertension. — Don't know.

Due to ✓

Other conditions none. (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? 795 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Love (M.D. or other) MD

Address Nevada Mo Date signed July 30 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
District File Number 8-40-1149
Date Filed 8-9-40

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~~ Personal

..., Registered Apprentice No. ...

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Yurada, 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.