

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28070

State File No.

Registrar's No.

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 9 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile South of Neelyville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Gertie Mae Thompson

8. (b) If veteran, name war _____ (c) Social Security No. 1512

4. Sex female 6. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wilson Thompson 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: May 25 - 1878
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 25 hr. _____ min. If less than one day

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Jack Moore
13. Birthplace Halliton Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name the Kennen
15. Birthplace Fairdeal Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilson Thompson
(b) Address Neelyville

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

(c) Place: burial or cremation Simons

18. (a) Signature of funeral director W. M. Phelan
(b) Address _____

19. (a) 8/8/40 (b) Obeltinger
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1940 hour 8 minute P.M.

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

Immediate cause of death Endocarditis

Due to Carcinoma of the stomach

Due to 46

Other conditions _____
(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? no

28. Signature J. W. M. Phelan (M. D. or other) M. D.
Address Poplar Bluff, Mo. Date signed 8-10-40

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 S. C. McCord

Licensed Embalmer No. 4279

P. O. Address Wayland, 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.