

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 14 yr. 9 mo. 14 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 427 W. Madison St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 14 yr. 9 mo. 14 days years.

3. (a) PRINT FULL NAME ISABELLA COOK THOMPSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. 500-05-3665

20. DATE OF DEATH: Month Aug day 15 year 1940 hour 9 minute 00 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dewell Thompson 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased April 20 - 1914  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19 1940, to Aug 15 1940 that I last saw her alive on Aug 15 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 21 Months 3 Days 25 If less than one day hr. min.

Immediate cause of death Coronary Endocarditis Duration 6 wks  
Due to Rheumatic heart disease 15 yrs.

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 9/5/19

10. Usual occupation Housewife Telephone gen. (In home)

Major findings: Of operations no Of autopsy no  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Adam Cook  
13. Birthplace Glasgow Scotland (City, town, or county) (State or foreign country)  
14. Maiden name Annie Fern  
15. Birthplace Unknown Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Dewell Thompson  
(b) Address Springfield Mo.  
17. (a) Burial (b) Date thereof Aug 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn

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? \_\_\_\_\_

18. (a) Signature of funeral director J. W. Klingner  
(b) Address Springfield Mo.  
19. (a) Aug 18, 1940 (b) J. W. E. Handley  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury \_\_\_\_\_  
22. Signature E. E. Allen (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 8-18-40

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

34  
37  
0

24

+ RT 13

**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. 232  
working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield, 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.**