

Registration District No. 318 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: St. John Hosp.
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks

3. (a) PRINT FULL NAME Robert L. Thompson 512
(b) If veteran, name war No (c) Social Security No. N 0

4. Sex Male Color or race White
(b) Name of husband or wife Emma Thompson
(c) Age of husband or wife if alive Dec. 1856 years

7. Birth date of deceased Dec 30 1856
8. AGE: Years 83 Months 7 Days 24

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
14. Maiden name Unknown
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Homer Arnett
(b) Address West Plains Mo.

17. (a) Removal (b) Date thereof Aug. 24 1940
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) Date received local registrar Aug. 24, 1940 (b) W. E. Handley M.D. (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town West Plains
(d) Street No.
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 24th
year 1940 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from 7/24/37 to 8/24/40
that I last saw him alive on 8/24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to obstruction
Due to

Other conditions
Major findings: Pericardial effusion, fatty degeneration of liver, etc.

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) NO
(b) Date of occurrence

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. E. Handley M.D. (M. D. or other)
Address Address Date signed

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

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 Walter E Hamiller
Licensed Embalmer No. 3808
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.

X