DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31901

Registration District No. 280 | Primary Registration District No. 5391 | Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Drury, Champion Twp.
(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 2 (Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Drury, Mo
(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.

3. (a) PRINT FULL NAME: Ruth Ann 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: married

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

6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: Jan (Month) 26 (Day) 1858 (Year)

8. AGE: Years 82 | Months 7 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: Webster Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: Nepthum Gass
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Young
15. Birthplace: Laclede Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: H. W. Thompson
(b) Address: Drury, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Blanch Mo

18. (a) Signature of funeral director: Denver Roller
(b) Address: Ava, Missouri

19. (a) 9-7 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1940 hour 12 A.M. minute ____ M.

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

Immediate cause of death: Mr. Roller told me this morning, death was due ~~Due to~~ to a stroke or paralysis No Dr. was present before ~~Due to or~~ after death.

Duration

Other conditions
(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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Reba King White (M. D. or other) Local
Address: Ava, Mo Date signed 9-7-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 1040-2645
Date Filed OCT 2 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 Denver Roller, Registered Apprentice No. ..... working under my personal supervision.

Signed Denver Roller

Licensed Embalmer No. 4006

P. O. Address Avq, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.