

FILED OCT 23 1940

Registration District No. 7

Primary Registration District No. 6430

Registrar's No. 46

1. PLACE OF DEATH:

(a) County PuTnam
(b) City or town Unionville
(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
In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Edward Booth Thompson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORA K. THOMPSON 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased NOVEMBER, 20 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 3 hr. min.

9. Birthplace PuTnam Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired 5 years

MOTHER { 12. Name LUTHER THOMPSON
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name MARY FULTON
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant W. Q. Morgan
(b) Address Pennville Mo. J.R.D.

17. (a) BURIAL (b) Date thereof SEPT. 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ST. John CEMETARY

18. (a) Signature of funeral director Comstock of FUNERAL HOME
(b) Address Unionville Mo. 57th. Comstock

19. (a) SEPT. 27 1940 (b) W. W. Galbraith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PuTnam
(c) City or town Pity of Sherman Township
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 23
year 1940 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Sept 11, 1940 to Sept 22, 1940
that I last saw him alive on Sept 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic infection of kidney
Nephritic colic

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 124 W

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?

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

23. Signature W. W. Galbraith (M. D. or other)
Address Pennville, Mo. Date signed 9-24-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number: 10-40-185-8

Date Filed OCT 8 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.....

J. W. Comstock

Registered Apprentice No. 132

working under my personal supervision.

Signed J. W. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.