. No. 2
-11-10-39
5-17-39
'I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35172

Registration District No. 248 Primary Registration District No. 5344 Registrar's No.

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town "Rural" Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Daviess County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Infirmary (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(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 Sarah Cassanda 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 Single

6. (b) Name of husband or wife ---

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

7. Birth date of deceased January (Month) 2 (Day) 1863 (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER
12. Name G. H. Thompson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Daviess Co. Home Records
(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 21 (Day) 40 (Year)
(c) Place: burial or cremation Kidder Missouri

18. (a) Signature of funeral director Hope Furn. & Mud. Co.
(b) Address Gallatin, Missouri

19. (a) 3-16-40 (Date received local registrar) (b) Mrs J L Peeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1940 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb. 12 1940, 19__, to Feb 20, 1940; that I last saw her alive on Feb 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Cardio vascular renal disease

Due to Chronic interstitial nephritis Cardiac insufficiency due to

Due to Chronic mitral lesion & partial heart block

Other conditions Senile dementia, Chronic Bronchitis,

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature H. W. Barley M.D. (M. D. or other) 2
Address Gallatin Mo. Date signed 2/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richeson

Licensed Embalmer No. 3302

P. O. Address Hallsville 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.