

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37972

State File No. \_\_\_\_\_

FILED

DEC 16 1940  
Registration District No. 1

Primary Registration District No. 1

Registrar's No. 276

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Community Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months  
(Specify whether years, months or days)

In this community 3  
years, months or days

3. (a) PRINT FULL NAME Isaac Andrew Thompson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Thompson

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

7. Birth date of deceased Nov. 21 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	6	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown 9

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Mandy I. Lutz

15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

16. (a) Informant John Thompson

(b) Address Greentop, Mo.

17. (a) Burial (b) Date thereof 11-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony Cemetery

18. (a) Signature of funeral director Bee Riley 3

(b) Address Kirksville, Mo.

19. (a) Nov. 28/40 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town "Rural"  
(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 Nov day 27  
year 1940 hour 12:15 minute \_\_\_\_\_ P: \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from James third  
1940, to November 27, 1940;  
that I last saw him live on November 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchopneumonia Duration 2 days

Due to Pneumonia Agitans

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations No operation

Of autopsy No 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 A. R. Schuyler (M.D. or other) D.O.  
Address Community Nursing Home, Kirksville, Mo. Date signed 11/27/40

MAR 22 1948

RECEIVED

District Health Officer No. 10

District File Number 12-40-2338

Date Filed DEC 14 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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*H. W. Riley*

Licensed Embalmer No.

~~1308~~ 3908

P. O. Address

Kentville MD

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, fact should be so stated above.