

FILED DEC 10 1940

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

1. PLACE OF DEATH:
(a) County Hunklin Union Mo
(b) City or town Campbell
(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 _____ (Specify whether _____)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME WILLIAM OSCAR THOMPSON

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Oma Thompson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 29 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name William E. Thompson

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

14. Maiden name Susan Adams

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

16. (a) Informant Mrs. Oma Thompson

(b) Address Biggott, Campb. Mo.

17. (a) Burial (b) Date thereof 11 27 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Hill near St. Paul

18. (a) Signature of funeral director W. J. Allen
(b) Address 17 Allen Mo.

19. (a) Nov 27 40 (b) W. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 - 1940
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 25 to Nov 27, 1940
that I last saw him alive on Nov 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chronic Rheumatism

Due to _____

Other conditions (Include pregnancy within 3 months of death) ABC

Major findings:
Of operations
Of autopsy

Durkin

10/26

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?

(e) While at work? (Specify type of place) (c) Means of injury 5

23. Signature Weydon Coultas (M.D. or other) MD
Address Malvern Date signed Nov 27/40

RECEIVED

District Health Officer No. 2,

District File Number 1240-170

Date Filed 12/3/40

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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38635-
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 282

Primary Registration District No. 5401

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
ROUTED TO BUREAU

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Wesson T. P.
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Wm Oscar Thompson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if _____

7. Birth date of deceased. 2 - 28 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 3 hr. min.

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

10. Usual occupation farmer

11. Industry or business farm

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11/27 1940 (b) Geo Sanders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month 11 day 26
year 1940 hour _____ minute _____ M.

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

Immediate cause of death _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
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? _____

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

23. Signature Graydon Carlstrom (or other) _____
Address Mason 740 Date signed _____

SUPPLEMENTARY

