

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. AD1893Registration District No. 906Registration District No. 6217Registrar's No. 88

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville Rural
(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 75 years years, months or days _____3. (a) PRINT FULL NAME WAYMAN THOMPSON

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Mary Agnes Thompson 6. (c) Age of husband or wife If _____7. Birth date of deceased Mar 31 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 1 19 hr. _____ min.9. Birthplace unknown
(City, town, or county) (State or foreign country)10. Usual occupation Minister11. Industry or business ?12. Name Edmon Thompson13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clarence Thompson(b) Address Hartsville Mo17. (a) Burial (b) Date thereof May 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Thompson's Cem. M.E.18. (a) Signature of funeral director Gene E. Walden(b) Address Hartsville Mo19. (a) Mo. 30-40 (b) Ella Clayton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright(c) City or town Hartsville 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 May day 19
year 1940 hour 7:00 minute _____ AM.21. I hereby certify that I attended the deceased from May 1
1940 to May 19 1940that I last saw him alive on May 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Stomach
Chronic nephritis

Due to _____

Due to _____

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

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? _____

940
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. C. Walden (Print name or other) _____Address Hartsville Mo Date signed 5/26/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

FORM 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1240-3024

Date Filed DEC 12 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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.