

WHILE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43172  
Do not use this space.

1. PLACE OF DEATH

(a) County Maxwell Registration District No. 547  
(b) Township Nacomb Primary Registration District No. 3029 Registered No. 346  
(c) City Maxwell or (d) Street No. 617 Union St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerrrie S. Thompson

(a) Residence, No. 617 Union D St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 10 22  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry MO

FATHER 13. NAME William Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER 15. MAIDEN NAME Alice Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT (ADDRESS) Joseph Thompson 617 Union Nacomb Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley, New Jordan DATE Dec. 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James DeLooney 201 Nacomb, Mo.

20. FILED Dec 11, 1940 W.C. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th - 1940  
22. I HEREBY CERTIFY, That I attended deceased from August 12, 1940 to Dec 9, 1940  
I last saw her alive on Dec 8, 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
4 1/2  
Date of onset

Other contributory causes of importance:  
Chronic Myocarditis  
Diabetic Mellitus  
Name of operation None Date of  
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Benjamin S. Murphy M. D.  
(Address) Nacomb, Mo.

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.

FORM 1 X18605

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**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 Michael J. O'Donnell

Licensed Embalmer No. 3346

P. O. Address Hannibal, 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.**