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FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3637

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 14

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

**1. PLACE OF DEATH:**

(a) County Nodaway

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

(c) Name of hospital or institution: 1023 N. Mulberry (If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (If outside city or town limits, write "RURAL")

(d) Street No. 1023 N. Mulberry (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Ethel Thompson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Dec. 18, 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Nodaway Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Lars Michelson
13. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold Thompson

(b) Address Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Swinford Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) Jan 29-1941 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 27 year 1941 hour 10 minute 20 A M.

21. I hereby certify that I attended the deceased from March 3, 1940 to Jan 27, 1941 that I last saw her alive on Jan 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other conditions athroma of (Include pregnancy within 3 months of death) Great Blood Vessels

Major findings:
Of operations

Of autopsy no

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? 556 (Specify type of place)

While at work? (e) Means of injury

23. Signature K. C. Cummins (M. D. or other) D

Address Maryville Mo Date signed

(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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.**