

FILED MAR 19 1941

Local Registration District No. _____

Primary Registration District No. 4166

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(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 _____
In this community Life _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Manerona W. Thompson

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

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

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

7. Birth date of deceased Aug 10 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business Home

12. Name A. W. Bridges

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Russell

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Ester

(b) Address _____

17. (a) Burial (b) Date thereof Feb 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Woodlawn

18. (a) Signature of funeral director James T. ...

(b) Address Campbell Mo

19. (a) Feb 2-41 (b) E. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell Mo
(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 Feb day 2
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 2, 1941, that I last saw him alive on Jan 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema

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? at 51

(Specify type of place) (e) Means of injury _____
23. Signature John L. Brown (M. D. or other) _____
Address Campbell Date signed Feb 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 341-311

Date Filed 3/6/41

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.....

Christine Landers

Registered Apprentice No. 245

working under my personal supervision.

Signed.....

EW Landers

Licensed Embalmer No. 2289

P. O. Address.....

Campbell

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.