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FILED MAR 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7122

Registration District No. 391 | Primary Registration District No. 4230 | Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural, Arcadia 0
(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.? 0 years.

3. (a) PRINT FULL NAME John Samuel 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 single

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

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

7. Birth date of deceased July 16, 1940 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	6	15	..... hr. ..... min.

9. Birthplace Roselle (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Rolla L. Thompson
13. Birthplace Roselle Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lorene Shrum
15. Birthplace Silver Mines Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Rolla L. Thompson
(b) Address Roselle Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Roselle Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address W. White Ironton Mo.

19. (a) Feb-3-41 (Date received local registrar) (b) Julia A. Hunstone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1941 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan. 28, 1941, to Feb. 1, 1941; that I last saw him alive on Jan 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis, influenzal	6 days
Due to Pneumonia, bronchial,	10 days
Due to Influenza	2 wks.
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations .....
Of autopsy .....

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) (e) Means of injury .....

23. Signature Ben M. Buell (M. D. or other) (M.D.)
Address Ironton, Mo. Date signed 2-1-41

(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 Lyle M. White, Registered Apprentice No. 277 working under my personal supervision.

Signed Lyle M. White

Licensed Embalmer No. 5012

P. O. Address Lincoln Neb.

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.