

13-40
17-39
X23154

ED MAR 19 1941
Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville
(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 Rife
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 8
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Walter E Thompson

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amorilla Thompson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 26 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 0 hr. _____ min.

9. Birthplace ? Missouri ^
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Eliga Thompson

13. Birthplace ? Tenn. /
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Lee

15. Birthplace ? Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant W E Thompson

(b) Address Marionville Mo.

17. (a) Burial (b) Date thereof 2/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) Feb. 27 1941 (b) Laura W. Cannady
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1941 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 31, 1938 to Feb. 27, 1941;
that I last saw him alive on Feb. 23, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 4 weeks
Due to Arrested Tuberculosis Pulmonary 5 yrs.
Due to _____

Other conditions arteriosclerosis 5 yrs.
(Include pregnancy within 3 months of death)
Hypertension

Major findings of operations 13A
Of autopsy _____

Duration
4 weeks
5 yrs.
5 yrs.
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? _____

23. Signature Wayne M. Leaver (M. D. or other) MD.
Address Marionville, Mo. Date signed 2/27/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. *61*

District File Number *341-420*

Date Filed *MAY 10 1929*

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

Herma Surridge

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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, fact should be so stated above.