

MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7640

State File No. _____

Registration District No. 389

Primary Registration District No. 4347

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Jonesburg, MO.
(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 all 7 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery
(c) City or town Jonesburg (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.

3. (a) PRINT FULL NAME Maggie May Thompson

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced M I

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

7. Birth date of deceased Dec. 25 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>47</u>		<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Warren Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Charles M. Thompson
13. Birthplace Warren Co. MO.
(City, town, or county) (State or foreign country)
14. Maiden name Effie
15. Birthplace Warren Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Riley Thompson
(b) Address Jonesburg, Mo

17. (a) Burial (b) Date thereof Mar. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Cemetery

18. (a) Signature of funeral director Earl A. Harding

(b) Address Jonesburg, Missouri

19. (a) March 1, 1941 (b) Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1941 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from May 26, 1939, to February 27, 1941; that I last saw her alive on Feb. 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphadenoma (Rundelenkemia) Secondary Anemia

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? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Warrenton, Mo Date signed 2-28-41

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Carl A. Harding....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg, 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.