

No. 2
4-13-40
5-17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7936
Registrar's No. 39

FILED MAR 19 1941 35

Registration District No. _____

Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Sinnock (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1941 hour 12 minute 30.0 M.
21. I hereby certify that I attended the deceased from _____, 19____, to None, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William O. Thompson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-05-3455

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dulcie Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 26th 1885
(Month) (Day) (Year)

Immediate cause of death Natural - Unknown Coronary Lesion
Due to Label August Pectoris from history
Due to _____
Other conditions (Include pregnancy within 3 months of death) gilt
Major findings: Of operations _____
Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation Machinist

11. Industry or business Wabash R R

12. Name John M Thompson

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

14. Maiden name Sallie Nelson

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

16. (a) Informant Mrs. Dulcie Thompson

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Feb 6 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ada Okla

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Feb 5 - 1941 (b) Leah Killebrew
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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?
925 (Specify type of place)
/While at work? _____ (e) Means of injury Coronary
23. Signature Dr. Gruffeltha (M. D. or other) Coronary
Address Moberly, Mo Date signed 2-4-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-41-575

Date Filed MAR 10 1941

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.