No. 2
-10-39
17-39
X21492

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

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15595

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville 1
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Benjamin Newton Thompson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 14 (Day) 1896 (Year)

8. AGE: Years 44 Months 8 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John S. Thompson
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Loughead
15. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ben N. Thompson
(b) Address Unionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 11 (Day) 1941 (Year)
(c) Place: burial or cremation Unionville, Mo

18. (a) Signature of funeral director Comstock Mass Co
(b) Address Unionville Mo by J. P. Comstock

19. (a) April 12-41 (Date received local registrar) (b) N. W. Gillum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from Apr 4, 1941 to Apr. 9, 1941
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	7 days
Due to	
Due to	
Other conditions Chronic Arthritis (Include pregnancy within 3 months of death)	7 yrs

107

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? 645 (Specify type of place)
While at work? (e) Means of injury

23. Signature E. L. W. Brown (M. D. or other) M.D.
Address Unionville Date signed 4/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-855
Date Filed MAY 8 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 J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.