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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21268

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 231

1. PLACE OF DEATH:

(a) County BUTLER

(b) ~~City or town~~ RURAL Poplar Bluff Twp
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUTLER 12 0 0

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

(d) Street No. 5 Mi So Poplar Bluff Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME EDMOND THOMPSON

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

4. Sex MALE 2 | 5. Color or race COL | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SARAH THOMPSON 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APR (Month) 4 (Day) 1863 (Year)

8. AGE: Years 78 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
12. Name Wm THOMPSON
13. Birthplace (City, town, or county) So CAROLINA (State or foreign country)
14. Maiden name RENDA JOHNSON
15. Birthplace (City, town, or county) So CAROLINA (State or foreign country)

16. (a) Informant Wm Thompson
(b) Address Gen Del Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEM

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 6/7/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5
year 1941 hour 8 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1941, to June 5, 1941, that I last saw him alive on May 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & chronic interstitial nephritis

Due to

Due to 12 1 P

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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

23. Signature Wm Henrichson (M. D) ~~or other~~
Address Poplar Bluff Mo Date signed 6-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 741-820
Date Filed 7/10/41

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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, fact should be so stated above.