

**FILED SEP 30 1941**

Registration District No. **632**

Primary Registration District No. **5847**

Registrar's No. **3K**

1. PLACE OF DEATH:

(a) County **Oregon**  
(b) City or town **Oak Grove**  
(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 **2 years** / (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon** **075**  
(c) City or town **Couch**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**  
year **1941** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Dilatation of Heart**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: **Arteriosclerosis**  
(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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Leo Carr** (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **8-26-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **James Riley Thompson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Wheeler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **Jan.** **18**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired Carpenter**

11. Industry or business \_\_\_\_\_

12. Name **William Thompson**

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

14. Maiden name **Temperance Kent**

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

16. (a) Informant **Mrs. Laura Bennett**

(b) Address **Couch, Mo.**

17. (a) **Burial** (b) Date thereof **8/26/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garfield Cem.**

18. (a) Signature of funeral director **Leo Carr**

(b) Address **Thayer Mo.**

19. (a) **Sept. 4-1941** (b) **Fola E. Johnson**  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 5,  
District File Number 8811912  
Date Filed \_\_\_\_\_

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**