

38015

State File No. _____

Registrar's No. 17DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHRegistration District No. 11/1941Primary Registration District No. 5180

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Rural - Vienna
 (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
 years, months or days)
 In this community _____
 years, months or days

3. (a) PRINT

FULL NAME Emma Thompson

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

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

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

7. Birth date of deceased May 19 1856
 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 8 If less than one day
 hr. _____ min. _____

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

10. Usual occupation House Keeping

11. Industry or business

12. Name Refugee Rider 01

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

14. Maiden name Manerwa Wilson

15. Birthplace Cape Gir. County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Emma Thompson
 (b) Address Pocahontas Mo.

17. (a) Burial (b) Date thereof 11-28-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Old Applebrook

18. (a) Signature of funeral director Ronald Richter
 (b) Address Pocahontas Mo.

19. (a) Nov 27 41 (b) F. J. Schorn
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau

- (c) City or town Pocahontas Rural
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 - 41
 year _____ hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 18 40, 1940 to Nov 22, 1941
 that I last saw h. or alive on Nov 22, 1941
 and that death occurred on the date and hour stated above.

- Immediate cause of death Arthritis with Senility Duration _____

- 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) (e) Means of injury _____

23. Signature R. D. Block (M. D. or other) _____

- Address Oak Ridge Mo Date signed 11-28-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REF. 6-17-39
GPO 1 X1931

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, above space should be left blank.