

No. 2
1-4-41
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X26300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38967**

DEC 13 1941

Registration District No. **617**

Primary Registration District No. **5819**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Madawaska**

(b) City or town **Bedison - Grant**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **all of his life**

2. USUAL RESIDENCE OF DECEASED: **074**

(a) State **Missouri** (b) County **Madawaska**

(c) City or town **Bedison - Grant**
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. **Rural - Grant Twp**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Benjamin Richard Thompson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6th**
year **1941** hour **7** minute **30 a.m.**

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife **Gloria Belle Thompson**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **March 15 1855**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Mar 12 1936** to **Nov 6th 1941**; that I last saw him alive on **Nov 3rd 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **5 da.**

Due to **Arteriosclerosis** **20 yrs**

8. AGE: Years **86** Months **7** Days **21**
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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

10. Usual occupation **Farmer**

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?

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

11. Industry or business

12. Name **Squire Thompson**

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

14. Maiden name **Julia Jones**

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

22. (continued)

(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?

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

16. (a) Informant **J. W. Thompson**

(b) Address **8 Barnard Mo.**

22. (continued)

(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?

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

17. (a) **Burial** (b) Date thereof **11-9-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Swainford Cemetery**

22. (continued)

(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?

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

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **957 South Main Maryville Mo**

19. (a) **11-20-41** (b) **Chas. D. Thompson**
(Date received local registrar) (Registrar's signature)

22. (continued)

(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?

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

23. Signature **L. B. Dean** (M. D. or other) **0**
Address **Maryville Mo** Date signed **11-7-41**

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

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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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Maryville, 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.