

JAN 13 1942

State File No. \_\_\_\_\_

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 80

1. PLACE OF DEATH:

(a) County HARRISON  
 (b) City or town BETHANY, Mo  
 (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 MISSOURI (b) County HARRISON 41  
 (c) City or town BETHANY /  
 (If outside city or town limits, write "RURAL") /  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23  
 year 1941 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 10-18  
 1941 to 11-22 1941;  
 that I last saw her alive on 11-22 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
Thrombosis 1 Mo  
 Duration

Due to Arteriosclerosis and  
Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 94a  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME LAURA TUCKER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (e) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife H.G. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 11 - 24 - 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 29 hr. \_\_\_\_\_ min.

9. Birthplace CAINESVILLE, Mo. 1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name EDGAR THOMPSON 9  
 13. Birthplace DO NOT KNOW 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name LORINDA PIERCE 9  
 15. Birthplace DO NOT KNOW 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Nazel Tucker  
 (b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 11/26/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAINESVILLE, Mo.

18. (a) Signature of funeral director S.M. Hess  
 (b) Address Bethany, Mo.

19. (a) 12/6/41 (b) Zola M. Burris  
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature M.R. Lydda (M. D. or dentist)  
 Address Bethany, Mo. Date signed 11-28-41

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..... *Thomson H. Hess*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, Md.*

**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.**