

JAN 8 1942

State File No. ....

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 339

064  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County... Marion

(b) City or town... Hannibal, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Bryan Thompson

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased December 7, 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	X	X	4	hr. min.

9. Birthplace Hannibal Missouri 6  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name Robert Harrison Thompson Jr.

13. Birthplace Saverton Missouri 6  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Hall

15. Birthplace Clarksville Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert H. Thompson Jr.

(b) Address Saverton Missouri

17. (a) Burial (b) Date thereof 12/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centenary Cemetery

18. (a) Signature of funeral director *Thomas J. Smith*

(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-15-41 (b) W. O. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 087

(a) State Missouri (b) County Marion 0  
Saverton 0  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 7 to Dec. 12, 1941  
that I last saw him alive on Dec. 12, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: *Respiratory Distress*  
*about - 6 1/2 mo*

Due to...  
Due to...

Other conditions: *159*  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations...  
Of autopsy...

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)...

(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)

(a) Means of injury...

23. Signature *W. O. Fisher* (M. D. or D.O.)  
Address *Hannibal Mo* Date signed *12/15/41*

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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.**