

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7147

FILED MAR 20 1942
Registration District No. 477

Primary Registration District No. 200 5645
State File No. _____
Registrar's No. 20

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Rural, Union 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 3 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Rural, Union Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Sarah Elizabeth 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 William T. Thompson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 19th, 1847
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 8 0 hr. _____ min.

9. Birthplace Canton 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jeremiah Johnson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Rebekah A. Jane

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Newbrough
(b) Address La Grange, Mo

17. (a) Burial (b) Date thereof Feb. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director W. Roberts

(b) Address La Grange, Mo.

19. (a) 2/21/42 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

1871 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1942 hour 11 PM minute _____ P. M.

21. I hereby certify that I attended the deceased from January 20, 1942 to February 19, 1942
that I last saw her alive on February 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrothoracic Pneumonia 2 days

Due to Chronic Arteriosclerosis 2 months

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1318
Of autopsy _____

Duration
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) (e) Means of injury ✓

23. Signature J. B. Dodson (M. D. or other) Do
Address La Grange, Mo Date signed 2/20/42

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

56
00

RECEIVED

District Health Officer No. 10

District File Number 10-42-557

Date Filed MAR 18 1942

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.....

A.A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.