

FILED MAR 12 1947
Registration District No. _____

Primary Registration District No. 5899

Registrar's No. 5

1. PLACE OF DEATH:

(a) County PHELPS

(b) City or town ARLINGTON TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____) Two years (Specify whether years, months or days) TWO WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State KENTUCKY (b) County TRIGG 999

(c) City or town CADIZ 15
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE PHILLIP THOMPSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 20th
year 1942 hour 7 minute 0 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mary Thompson 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased FEB 11 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 16th 1942 to February 26th 1942
that I last saw him alive on February 18th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 0 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death, Angina Pectoris

9. Birthplace CADIZ KENTUCKY
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation CIVIL ENGINEER

Other conditions Gall Stones
(Include pregnancy within 3 months of death)

11. Industry or business U.S. GOVERNMENT

Major findings: _____

12. Name M.S. THOMPSON

Of operations _____

13. Birthplace TRIGG CO KENTUCKY
(City, town, or county) (State or foreign country)

Of autopsy 126

14. Maiden name MANNY GRINTER

15. Birthplace CADIZ KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant John G. Thompson

(b) Address Cadiz Ky

17. (a) Removal (b) Date thereof 2-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadiz Ky

18. (a) Signature of funeral director Robert Black

(b) Address _____

19. (a) Feb 21 1942 (b) John G. Thompson
(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 _____

23. Signature William M. Ford (M.D. or other) _____

Address Cadiz, Mo. Date signed 2-21-42

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

11
00

APR 13 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.....
....., 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 con
the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.