

Registration District No. 2

Primary Registration District No. 206

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Rural, Platte Twp
 (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 _____ (Specify whether)

3. (a) PRINT FULL NAME Ella Virginia 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 married

(b) Name of husband or wife Salon M Thompson 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased October 5 1859
 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 2 If less than one day _____ hr _____ min.

9. Birthplace Womelsdorf Penn
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business House Keeping

12. Name Adalesco McInch

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

14. Maiden name Catherine E. Shaner

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

16. (a) Informant Glen Thompson
 (b) Address Bolckow, Mo

17. (a) Burial (b) Date thereof Mar. 9 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville, Mo

18. (a) Signature of funeral director E. C. Reynolds
 (b) Address Gulfport, Mo

19. (a) 3/7/42 (b) F. B. Fitchman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
 (c) City or town Rural, Platte Twp
 (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
 year 1942 hour 2:25 minute _____ a. m.

21. I hereby certify that I attended the deceased from Jan
2, 1942 to March 7, 1942
 that I last saw her alive on Jan 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 38 hrs

Due to chronic Valvular disease of heart 18 yrs

Due to Rheumatism 10 yrs

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

Major findings: Of operations 938

Of autopsy _____

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 A. D. Barnett (M. D. or other) _____
 Address Gulfport, Mo Date signed 3-7-42

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

0200

002

0

0

Duration

38 hrs

18 yrs

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Laton F. Phillips

Licensed Embalmer No.

1898

P. O. Address.....

Stanberry 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, above space should be left blank.