S. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11122

Registration District No. 427 Primary Registration District No. 5593 Registrar's No. 29

51
0
0

**1. PLACE OF DEATH:**

(a) County Johnson

(b) City or town Warrensburg (Rural) Montserrat
(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 1 (Specify whether
In this community 79 yrs +.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg (Rural) Montserrat
(If outside city or town limits, write "RURAL")

(d) Street No. 051
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lloyd Johnson Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife Thos. Park Thompson

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

7. Birth date of deceased May (Month) 9 (Day) 1862 (Year)

8. AGE: Years 78 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Johnson Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Johnson Hansford Smith
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Eliza Savannah Rawson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ezra Thompson
(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Adam

18. (a) Signature of funeral director Sweeny-Phillips
(b) Address Warrensburg - Mo

19. (a) 3-9-42 (Date received local registrar) (b) Mrs C E Foster (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 6
year 1942 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from Mar 1, 1942 to Mar 6, 1942
that I last saw her alive on Mar 5, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 1 day |
| Due to Influenza | 5 day |
| Due to | |
| Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death) | 9 yrs |

Major findings:
Of operations
Of autopsy

430

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. Lee Cooper (M. D. or other) M D
Address Warrensburg Mo Date signed 3-9-42

394 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-13-42

**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 Earl Priest, Registered Apprentice No. , working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.**