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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

Registration District No. 294

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4063

State File No. 11450

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn Twn
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County N. Madrid

(c) City or town Lilbourn 672
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME J. V. Thompson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race B.

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Lula Thompson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 9 (Month) 3 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	6	17.	hr. min.

9. Birthplace Ark. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Willie Thompson
13. Birthplace Ark. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Wm Kown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lula Thompson
(b) Address Lilbourn Mo 25

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 (Month) 25 (Day) 42 (Year)
(c) Place: burial or cremation Risco Mo

18. (a) Signature of funeral director Lin Hill
(b) Address Lilbourn Mo

19. (a) 4-2-42 (Date received local registrar) (b) Mrs. I. L. Parrett (Registrar's signature) 12 7/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1942 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cut 4 or 5 times on left side of body, by the heart. Cut on

Due to Right side of face

Due to Homicide

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1167

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide.

(b) Date of occurrence 1942

(c) Where did injury occur? Lilbourn (City or town) New Madrid (County) Mo. (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 Leo H[illegible] Deputy Coroner (Date of other)

Address New Madrid Mo Date signed 3-29-42

(Licensed Embalmer's Statement on Reverse Side)

APR 13 194

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 [signature]

Licensed Embalmer No. 26 K2

P. O. Address Gilbourn Ohio

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.