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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11513

FILED APR 3 1942

Registration District No. 25

Primary Registration District No. 3031

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Nodiway

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

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

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Rock Port Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓ 1

3. (a) PRINT FULL NAME Thomas Thomson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased July (Month) 12 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Keir Village (City, town, or county) 4 Scotland (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Thomson
13. Birthplace (City, town, or county) 4 Scotland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Davidson
15. Birthplace (City, town, or county) 4 Scotland (State or foreign country)

16. (a) Informant Mrs Ruth Hill
(b) Address Tarkio, Mo.

17. (a) ~~Removal~~ Buried (Burial, cremation, or removal) (b) Date thereof Mar 8 42 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Fairfax Mo

18. (a) Signature of funeral director J M Davis
(b) Address Tarkio Mo

19. (a) Mar 9-42 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1942 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 2 - 18, 1942 to 3 - 5, 1942 that I last saw him alive on 3 - 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to chronic nephrosis	?
Due to chronic myocardosis with hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 H. C. Bauman (M. D. or other) MD

Address Fairfax Mo Date signed 3/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 Frost C. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio Missouri

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.