S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18832

State File No.

FILED JUN 12 1942

Registration District No. 35744 Primary Registration District No. 3035 Registrar's No. 42

89
1
1

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

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Horace M. Thompson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

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

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

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

MOTHER
14. Maiden name Polly Thompson
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Wm Roberts
(b) Address Elmira Mo.

17. (a) ~~Taylor Cemetery~~ Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation RFD Elmira Mo.

18. (a) Signature of funeral director Joe W. Monow
(b) Address Lawson Mo.

19. (a) May 16, 1942 (Date received local registrar) (b) Mrs Chas. W. Heppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 9 A minute M.

21. I hereby certify that I attended the deceased from 5-16-42, 19, to 5-16, 1942
that I last saw him alive on 5-16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Stenosis	?
Due to	
Due to Chronic Nephritis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	131 b
Of autopsy	

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 0

23. Signature Thos S Cox (M. D. or other)

Address Richmond Mo Date signed 5-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-11-42

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.....

....., 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 comply with the above constitutes grounds for revocation of license.)

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