

Registration District No. 9 1942

Primary Registration District No. 5447-B 5439

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Taylor Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route, Strafford, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Taylor Township
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George N. Thompson

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mary Elia Thompson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 4 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 6 .. hr. min.

9. Birthplace Owosso Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railway Switchman

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Hammond

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof June 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director. H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) June 16 1942 (b) Harold Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour 3 minute 8 a. M.

21. I hereby certify that I attended the deceased from May 31 1942 to June 5 1942
that I last saw him alive on June 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to Cerebral Hemorrhage

Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations g 30
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?

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

23. Signature H. B. Sawyer (M. D. or other) 0
Address 520 E. Court Street Date signed 6/12/42

JUL 9 1932

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.....

Paul J. [Signature]

Licensed Embalmer No.

2457

P. O. Address.....

[Signature]

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.