

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Re
(b) City or town Richmond Mo.
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community All Her Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mattie E. Thompson

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased March 30 th. 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 17 hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name John Roberts
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Friday Mc. Donald
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Roberts
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director [Signature]
(b) Address Richmond Mo.

19. (a) July 9 1942 (b) Mrs. Elva W. Hoggard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Buckhanan Street
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th.
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from June 10
1942 to July 7 19 42
that I last saw hw. alive on July 7 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 1270a PHYSICIAN
Of operations
Of autopsy
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 name of place) (e) Means of injury

23. Signature E. B. Jay (M. D. or other)
Address Richmond Mo Date signed 7-9-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-42

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.....

J.B. Brothers

....., Registered Apprentice No.....

..... working under my personal supervision.

Brothers Funeral Home :

Signed.....

J.B. Brothers

Licensed Embalmer No. **2001**

P. O. Address **Richmond 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.