

FILED

Registration District No. 750

Primary Registration District No. 5980

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

1. PLACE OF DEATH: Ripley

(a) County: _____

(b) City or town: Rural - of Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles N. of Naylor, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ripley 91

(c) City or town: 4 miles N. of Naylor
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: IRENE LILLIE THOMPSON

(b) If veteran, name war: ✓

(c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 9 minute - AM

21. I hereby certify that I attended the deceased from 4-28, 1942, to 4-30, 1942;
that I last saw her alive on 4-30, 1942;
and that death occurred on the date and hour stated above.

4. Sex: female

5. Color or race: white

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

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: Aug 15, 1913
(Month) (Day) (Year)

Immediate cause of death: Acute dilatation of heart

Due to: Severe vomiting due to gallstones

Due to: Alba hepatica

Other conditions (include pregnancy within 3 months of death): _____

8. AGE: Years 28 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace: Stoddard Co Mo. 1
(City, town, or county) (State or foreign country)

Major findings: 126

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: John Nollis

13. Birthplace: Ripley Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Eldred Parrish

15. Birthplace: Stoddard Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Irene Thompson

(b) Address: Naylor, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation: Fairdale Cem. 9

18. (a) Signature of funeral director: Winnifred Fish

(b) Address: Naylor, Mo.

19. (a) 5-1-42 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

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: J. Edgar Adamson (M. D. over)

Address: Ripley, Mo. Date signed: 5-1-42

RECEIVED

District Health Officer No. 5.

District File Number 542396

Date Filed 7-21-72

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

S. C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.