

FILED AUG 19 1949

Registration District No. \_\_\_\_\_ Primary Registration District No. **5185**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Fisk-Rural Black River**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **42 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**

(c) City or town **Fisk, -Rural**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Jane Thompson**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female** / race **White**

5. Color or race **White**

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

6. (b) Name of husband or wife **Peter M. Thompson**

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

7. Birth date of deceased **April 22 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>3</b>	<b>19</b>	hr. _____ min.

9. Birthplace **Saline County Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **John Hudgins**

13. Birthplace **Saline County Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Henson**

15. Birthplace **Saline County, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora McMullin**

(b) Address **Sikeston Mo**

17. (a) **Burial** (b) Date thereof **8-12-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Hill**

18. (a) Signature of funeral director **Marshall A. Shaw**

(b) Address **Fisk, Missouri**

19. (a) **8-18-42** (b) **Belle Turner**  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**  
year **12** hour **30** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 10 1942** to **Aug. 11 1942**  
that I last saw her alive on **12 P.M. Aug 10 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Duration **4 hrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cerebral Sclerosis**  
(Include pregnancy within 3 months of death)

Major findings: **830**

Of operations \_\_\_\_\_

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. L. McMullin** (M. D. or other) \_\_\_\_\_

Address **Sikeston, Mo** Date signed **8-12-42**

RECEIVED

District Health Office No. 2

District File Number 842-1080

Date Filed 8-17-42

**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

*Wallace N. Fitch*

Licensed Embalmer No.

*3859*

P. O. Address

*Poplar Bluff, 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.**