

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

1. PLACE OF DEATH:

(a) County Bollinger

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

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

(d) Length of stay: In hospital or institution. 9 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cecil Linus Thompson

3. (b) If veteran, name war: \_\_\_\_\_

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 Ethel Thompson 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 18 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Henry Thompson

13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Guthrie

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Thompson

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof 8 - 18 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. 18

19. (a) 8/22/42 (b) Mrs. Benue Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th  
year 1942 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 8/12/42 to 8/12/42, 1942

that I last saw him alive on 8/12/42, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardio Vascular disease

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

Other conditions 830  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(r) Means of injury \_\_\_\_\_

23. Signature John J. Myers (M. D. or other) 8/22/42

Address Lutesville Date signed 8/22/42

RECEIVED

District Health Officer No. 7

District File Number 942-1145

Date Filed 9-8-72

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**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.**