V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

75
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

Registration District No. 255

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5874

27842

State File No.

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Wilderness King Twsp.
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Wilderness, Mo. 0
(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 0

3. (a) PRINT FULL NAME Thomas J. Thompson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lydia Mullis

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

7. Birth date of deceased June (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Thompson
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Katie Freeman
15. Birthplace Oregon County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ernest Thompson
(b) Address Wilderness, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Wilderness, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Thayer, Mo.

19. (a) Sept 7 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1942 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1939
Aug 1942, to , 19
that I last saw him alive on Aug. 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatism Cronic Endocardis & Gan Green of foot.	2 Jun
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? [illegible]
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Alton Mo. Date signed

1113

(Licensed Embalmer's Statement on Reverse Side)

Hilton

RECEIVED
District Health Officer No. 5
District File Number 942888
Date Filed 9-14-42

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.....

....., 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.