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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29989

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 256

1. PLACE OF DEATH

(a) County CALLAWAY

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

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

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether

In this community 3 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997 25 0

(a) State NEBRASKA (b) County DOUGLAS

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

(d) Street No. D.K. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME FRANK THOMPSON

3. (b) If veteran, name war D.K

3. (c) Social Security No. D.K.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced D.K.

6. (b) Name of husband or wife

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

7. Birth date of deceased AUG. (Month) 17 (Day) 1907 (Year)

8. AGE: Years 34 Months 11 Days 17 If less than one day hr. min.

9. Birthplace SHENANDOAH (City, town, or county) IOWA 1 (State or foreign country)

10. Usual occupation D.K.

11. Industry or business

FATHER
12. Name CHARLES THOMPSON
13. Birthplace SHENANDOAH (City, town, or county) IOWA 1 (State or foreign country)

MOTHER
14. Maiden name LEVICA EMMONS
15. Birthplace ALBANY (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant CHARLES THOMPSON

(b) Address OMAHA, NEB.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 14 (Day) 1942 (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 700 Court St. Fulton, Mo.

19. (a) 8-14-42 (Date received local registrar) (b) Josie Morsinek Hoff (Registrar's signature)

1147.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4th year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him dead on AUGUST 4th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Suicide-from Poison-Self Administered So Said A Note found in his

Due to Clothing-Unconscios-When found-And Never Revived.

Due to No Marks of Violenc on Body.-Note Said-Took 60 grns. of Pheno-Barbithal

Other conditions (Include pregnancy within 3 months of death) 1-oz-of Veronal.

Major findings: Of operations no

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

163 B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide.

(b) Date of occurrence Supposed August 1st

(c) Where did injury occur? dont know (City or town) Rural (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? WAS found on Higwy-40-At Linberg, Mo. (Specify type of place)

While at work? No (e) Means of injury Swallowed Poison.

23. Signature I. W. HOLMAN, (M. D. or other) Coroner

Address 8-E-8th St. Fulton, Mo. Date signed 8-16-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1943

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 Glen Y. Maupin

Licensed Embalmer No. 2785

P. O. Address Fulton, 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.