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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33190

Registration District No. 38 — Primary Registration District No. 3-0056-5120 — Registrar's No. 220

1. PLACE OF DEATH:

(a) County: Boone County

(b) City or town: Columbia Mo

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Rallo 87

(c) City or town: Renesseler Mo 0

(If outside city or town limits, write "RURAL") 0

(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: Tompkins, Opal Irene

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

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

4. Sex: F

5. Color or race: W

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

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

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

7. Birth date of deceased: May (Month) 10 (Day) 1925 (Year)

8. AGE: Years 17 Months 5 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business .....

FATHER

12. Name: Tompkins George W

13. Birthplace: Renselaer (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name: Highlander, Rosy May

15. Birthplace: Ashmore (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Tompkins, George W

(b) Address: Hannibal Mo R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Renselaer Mo

18. (a) Signature of funeral director: Wilson Funeral Home

(b) Address: Monroe City Mo.

19. (a) Oct 11-1942 (Date received local registrar) (b) Edna H. Barlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1942 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9/1/42, 19..., to 10/11/42, 19...; that I last saw h. alive on 10/11/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pseudopseudomyxoglobulin — Duration: 2 yrs

Due to: Carcinoma of ovary

Due to: .....

Other conditions (Include pregnancy within 3 months of death): 49a

Major findings: Of operations .....

Of autopsy: See above

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: [illegible] (M. D. or other) MD

Address: Cancer Hospital Columbia Mo Date signed: 10/10/42

1150 (Licensed Embalmer's Statement on Reverse Side)

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 By me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.