

No. 2
4-13-40
5-17-39
I X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 784

Registration District No. _____

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH **GREENE**
 (a) County Springfield
 (b) City or town _____
 (c) Name of hospital or institution: Burge Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 In this community 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank E. Thomson
 (b) If veteran, name war Unknown
 (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Effie M. Thomson
 (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased December 28, 1871

8. AGE: Years 70 Months 10 Days 3
 If less than one day hr. _____ min. _____

9. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business On Farm

MOTHER FATHER { 12. Name Samuel L. Thomson
 13. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha White
 15. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Thomson
 (b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Nov. 2, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 11-2-42 (b) S. W. Handy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield Rural N. Campbell
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 31st
 year 1942 hour 7:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct 2
 _____, 1942
 that I last saw him alive on Oct 31, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronche Pneumonia
 Duration 3 weeks

Due to _____

Due to _____

Other conditions 107
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations no
 Of autopsy _____
 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 Oct 25

(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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Washell (M. D. or other)
 Address Springfield, Mo. Date signed 11-5-42

784 (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.....

....., Registered Apprentice No.....
working under my personal supervision.

NOV 17 1943

Signed Wayne G. Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield, 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.