

DO NOT WRITE

COMMERCIAL NOV 13 1942

STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
Certificate of Death #5497

State Office No.

10 33809

Bureau of the Census		126	
1. PLACE OF DEATH: (a) County <u>Harrison</u> Mo. <u>Luzack</u> (b) City or Town <u>Near Hatfield Mo.</u> (If outside city or town write RURAL NEAR and give town) (c) Hospital or Institution: Name and Street Address (d) Length of stay in Hospital or Inst. (yrs. mos. and days)		2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infant give residence of mother (a) State <u>Mo.</u> (b) County <u>Harrison</u> (c) City or town <u>Near Hatfield Mo.</u> (If outside city or town limits write RURAL NEAR and give town) (d) Street No. _____ (If rural give LOCATION) (e) Citizen of foreign country. <u>No</u> (yes or no) If yes, name of country _____ 3. (b) IF VETERAN, NAME WAR <u>No</u> (1)	
Decedent Father <u>Andrew Thompson</u> Mother _____		3. (c) Social Security Account Number _____	
Date of Death a. Day _____ Year _____		20. DATE OF DEATH <u>10/18</u> 19 <u>42</u> , at <u>2:20 P</u> (Month, WRITE OUT) (Day) (time)	
Primary Cause 6. (b) Name of husband or wife <u>Louisa Thompson</u> 6. (c) If alive, give age <u>77</u> years		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Mar. 15</u> 19 <u>45</u> to <u>October</u> 19 <u>45</u> and that I saw him alive on <u>Feb. 13</u> 19 <u>45</u> Immediate cause of death <u>Coronary Embolism</u> Duration _____	
7. Birth date of deceased (mo., day, yr.) <u>12/29/1864</u>		Due to _____	
8. Age Years Months Days If less than 1 day <u>77</u> <u>9</u> <u>19</u> hrs. min.		Due to <u>94a</u>	
9. Birthplace <u>Mo.</u> (Town, county, and state or foreign country)		Other conditions _____	
10. Usual Occupation <u>Farmer</u>		OPERATION: Date of _____	
11. Industry or business _____		Of operation _____	
12. Name <u>David Thompson</u>		Of autopsy _____	
13. Birthplace <u>Scotland</u> (City, town or county) (State or foreign country)		22. If death was due to external causes, fill in the following:	
14. Name <u>Rebecca Knox</u>		(a) _____ (b) Date of _____ (Accident, suicide or homicide)	
15. Birthplace _____ (City, town or county) (State or foreign country)		(c) Where did injury occur? _____ City or town (County) (State)	
16. (a) Informant's own signature <u>Louisa Thompson</u>		(d) Injured at home, farm, industry, public place (where?) _____	
(b) Address <u>Hatfield Mo.</u>			
17. (a) <u>Burial</u> (b) Date thereof <u>10/20/42</u> Burial, cremation, or removal (specify) (Month) (Day) (Year)			
(c) Place of burial or cremation Location <u>Hatfield Mo.</u>			
Medical Attendant <u>T. P. R. L.</u>			

(Failure to comply with the above constitutes grounds for revocation of license.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS

John Adams

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

I, *J. S. Rhoades* Licensed Embalmer No. 909 hereby certify that
the body recorded on the reverse side of this certificate was embalmed by _____ L. E.
No. _____ or by _____ Registered student No. _____
working under my personal supervision.

Signed *J. S. Rhoades*
Licensed Embalmer No. 909

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.