

Registration District No. **251**

Primary Registration District No. **3048**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mrs. Broderick nursing home 4954 So. main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo.** (Specify whether
In this community **5 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **1403 East 2nd. st**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Ferry Oliver Tompkins**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret** (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Feb. 18 1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **19** If less than one day hr. min.

9. Birthplace **Barnard Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER {
12. Name **Elisha Tompkins**
13. Birthplace **Ill**
(City, town, or county) (State or foreign country)
14. Maiden name **Elvira Fannon**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Tompkins**
1403 E. 2nd Maryville Mo.
(b) Address

17. (a) **burial** (b) Date thereof **Dec. 9 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill cemetery**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville Mo.**

19. (a) **12-10-42** (b) **Mary Coide**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7**
year **1942** hour **3:30** minute **0** P.M.

21. I hereby certify that I attended the deceased from **Oct 29** 19**42**
that I last saw him alive on **Oct 29** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Arterio Sclerosis
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W.R. Karkhan** (M. D. or other)
Address **Maryville** Date signed **12-10-42**

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

24
1
2

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 *Clem M. Price*
Licensed Embalmer No. 1822
P. O. Address *Mayville 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.