

S. No. 2
M-542
5-17-39
X32873

2025

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

Registration District No. 78

Primary Registration District No. 5305

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Osage City, Missouri
(If not in hospital or institution, write street number or location)

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

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Eliza C. Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased September 24 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>2</u>	<u>17</u>	hr. _____ min.

9. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Willson

13. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clarrisa Philbert

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant A. G. Thompson

(b) Address Osage City, Missouri

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

(c) Place: burial or cremation Wade's Creek Cemetery

18. (a) Signature of funeral director Arthur J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Jan 21, 43 (b) James H. Rattler
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1942 hour 6 minute 0 a.m.

21. I hereby certify that I attended the deceased from Dec 3, 1942 to Dec 10, 1942
that I last saw him alive on Dec 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Arteriosclerosis

Due to _____

Other conditions Arteriosclerosis, Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

1 mo

1 mo

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)

(a) Means of injury _____

23. Signature R. P. Thompson (M. D. or other)

Address Jefferson City, Mo Date signed Dec 14 42

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson 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.