S. No. 2
M—9-4-41
5-17-39
I X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2787

State File No.

FILED FEB 9 1943

Registration District No. 184

Primary Registration District No. 3040

Registrar's No. 9

59
1
2

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 121 1 Tenth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 65 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo- (b) County Livingston 59
(c) City or town Chillicothe Mo- 2
(If outside city or town limits, write "RURAL")
(d) Street No. 121 Tenth St-
(If rural, give location)
(e) Citizen of foreign country? No- (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Adam J Thompson
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thiesa Thompson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept - 8 - 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	13	— hr. — min.

9. Birthplace Carroll Co- Va - 1
(City, town, or county) (State or foreign country)
10. Usual occupation Auctioneer & Farmer Ret
11. Industry or business Farming
FATHER
12. Name Paulie Thompson
13. Birthplace Carroll Co- Va - 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary P Malton
15. Birthplace Carroll Co Va - 1
(City, town, or county) (State or foreign country)
16. (a) Informant Anna Thompson
(b) Address Chillicothe Mo-
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 24 - 43
(Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cem
18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo
19. (a) January 23 1943 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan- day 21st
year 1943 hour 11 minute a M.
21. I hereby certify that I attended the deceased from July 15 1942 to Jan 21 1943
that I last saw him alive on Jan 15 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis 2nd attack Occlusion	1 min
Due to 1st attack July 15 1942.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
Of autopsy

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 G W Carpenter (M. D. or other)
Address Chillicothe Mo Date Jan 23 1943

438 (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.

Signed James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Lebanon 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.