No. 2
-9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3221

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 88

(a) State Missouri (b) County Randolph 0

(c) City or town Clifton Hill 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 13 (Day) 1867 (Year)

8. AGE: Years 75 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Thompson
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Louann Christy
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mr. S. P. Thompson
(b) Address Clifton Hill, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill Cemetery

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo

19. (a) 2-1-43 (Date received local registrar) (b) Mrs P. Vaughn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1943 hour 7:00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 1-1 1943 to Jan 9, 1943
that I last saw her alive on Jan 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 2 days

Due to Fractured hip

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) 088
(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 W. C. Alexander (M. D. ~~or other~~)
Address Clifton Hill Mo Date signed 1-18-43

1027

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-43-237
Date Filed FEB 10 1943

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3221

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 7

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Elizabeth Thompson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 13 (Day) 18 (Year)

8. AGE: Years 75 Months 9 Days 28 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 10
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Fracture hip
Dec 31-1943
~~Due to~~ fell in dining room of home

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
18
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 Dec. 31-1943
(c) Where did injury occur? in home (City or town) (County) (State)
(b) 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 W. C. Alexander (M. D. or other)
Address Date signed 3-7-43