

S. No. 2
DM-542
NY 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 14 1943
Registration District No. 88-6367

Primary Registration District No. 61-786246

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

1. PLACE OF DEATH:

(a) County WASHINGTON

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 30 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WASHINGTON

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

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

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

3. (a) PRINT FULL NAME CHARLEY THOMPSON

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 21 day 21 year 1943 hour 11 am minute - M.

21. I hereby certify that I attended the deceased from 1-2-43 to 2-21- 1943 that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W

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

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

7. Birth date of deceased MAR. 17, 1868
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a!

8. AGE: Years Months Days If less than one day

74	11	4	10 hr. 5 min.
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Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name ELBERT THOMPSON

13. Birthplace TENN 1
(City, town, or county) (State or foreign country)

14. Maiden name DELIA BARRON

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

16. (a) Informant Mrs Bert Lightfoot
(b) Address Irondale, W.V.

17. (a) Burial (b) Date thereof Feb. 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director J. S. Boyer, Sr.
(b) Address Leadwood, Mo

19. (a) Feb. 26 - 1943 (b) Mrs J. P. Yeargain
(Date received local registrar) (Registrar's signature)

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 J. P. Yeargain (M. or other) _____
Address Leadwood, Mo Date signed Feb 21 43

809

RECEIVED

District Health Officer No. 4

District File Number 343-1922

Date Filed 3-9-43

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

Carl L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.