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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10141

Registration District No. WED MAR 1 1943

Primary Registration District No. 4173

Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Ava
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Ava
(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 .....

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3. (a) PRINT FULL NAME: Sarah A. 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: Widowed

6. (b) Name of husband or wife: J. F. Thompson

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

7. Birth date of deceased: October (Month) 24 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	2	11	..... hr. ..... min.

9. Birthplace: Marion County, Tenn /
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: M. Robertson,
13. Birthplace: Ga. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Ross
15. Birthplace: Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John Holt
(b) Address: Ava Mo.

17. (a) Burial. (b) Date thereof: 1-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Thompson

18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri

19. (a) 3-1-43 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1943, to Jan 5 1943, that I last saw her alive on Jan 5 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: disease of heart
Mitral stenosis

Due to .....

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 92 P

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

23. Signature: J. L. Gentry M.D. (M. D. or other)
Address: Ava MO Date signed 1-18-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-425
Date Filed MAR 16 1949

Her request not to be embalmed

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Osceola 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.