

4-5-42
5-17-39
I X32873

FILED APR 14 1943
Registration District No. 737

Primary Registration District No. 4218

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 609 E. Benton
(If rural, give location)

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

3. (a) PRINT FULL NAME James E. Tompkins

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1943 hour 11:45 AM minute M.

21. I hereby certify that I attended the deceased from Feb 9 to Feb 20 1943 that I last saw him alive on Feb 9 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Laree Tompkins 6. (c) Age of husband or wife if alive 21 years (Month) (Day) (Year)

7. Birth date of deceased April 21 1859
(Month) (Day) (Year)

Immediate cause of death myocarditis

Duration 2

8. AGE: Years 83 Months 9 Days 29 hr. min.

Due to.....

Due to.....

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

10. Usual occupation retired Merchant

Other conditions (include pregnancy within 3 months of death) 938

MOTHER FATHER { 12. Name Lewis Tompkins

13. Birthplace unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Mackey

15. Birthplace unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Tompkins
(b) Address Clinton, Missouri

17. (a) Burial (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) March 10, 1943 Georgia Kitchener
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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 [Signature] (M. D. or Registrar) [Signature]
Address Windsor Date signed 2-22

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No: 7;

District File Number

3-43-104

Date Filed

7-13-43

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

Edith J. Furman

Licensed Embalmer No. 3391

P. O. Address *Windsor 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.