S. No. 2
1—9-4-41
FILED
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10398

State File No. 2

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 26

46
0
0

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

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community all his life (2 mos. 17 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Brandsville (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 0

3. (a) PRINT FULL NAME John Abraham Thompson

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

4. Sex male 5. Color or race 0 white 6. (a) Single, widowed, married, divorced -0-

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

7. Birth date of deceased December (Month) 28 (Day) 1942 (Year)

8. AGE: Years 0 Months 2 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation infant

11. Industry or business ----

FATHER
12. Name George P. Thompson
13. Birthplace Prestonia (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Maudie Frances Walls
15. Birthplace Corning (City, town, or county) Ark. (State or foreign country) 1

16. (a) Informant George P. Thompson

(b) Address Brandsville, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 3-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill, Mo

18. (a) Signature of funeral director None

(b) Address

19. (a) 3/15-43 (Date received local registrar) (b) Gail Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour ~~6x45~~ 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from at birth and March 13, 1943, to March 14, 1943; that I last saw him alive on March 13, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronch. Pneumonia	4 days
Due to marasmus	
Due to Chicken pox first week of life contracted from Mother	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 38e	

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 Virgil S. Bailey (M. D. or other) D.O

Address Box 425, West Plains, Mo. Date signed 3/14/43

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 443194
Date Filed 4-5-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.