

FILED APR 18 1943

Registration District No.

Primary Registration District No. 3043

Registrar's No. 48

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

64
3
4

1. PLACE OF DEATH:

(a) County Marion Co.

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

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

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

In this community All his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

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

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

3. (a) PRINT FULL NAME Eugene Thompson

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased August-18th, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Florida Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Andrew Thompson

13. Birthplace Ralls Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Smith

15. Birthplace Monroe Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Thompson

(b) Address Shelbyna, Mo.

17. (a) Burial
(Burial, cremation, or removal)
ZZZZZZZZZZ

(b) Date thereof 2-14-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbyna, Mo.

18. (a) Signature of funeral director Melloir & Barthelemy

(b) Address Shelbyna Mo.

19. (a) 2-16-43
(Date received local registrar)

(b) R. W. Connor
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour 1 minute 59 M.

21. I hereby certify that I attended the deceased from 10 1943 to Feb 12 1943
that I last saw him alive on Feb 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chl myocardite

Due to

Due to

Other conditions: Chl myocardite
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318
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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. H. ... (M. D. or other)

Address ... Date signed

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..... *Cliff Hawke*
Licensed Embalmer No. *3498*
P. O. Address..... *Shelburne - Me*

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.