V. S. No. 2
50M—5-42
Rev. 5-17-39

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. 28928

RECEIVED SEP 13 1943

Registration District No. 49

Primary Registration District No. 5845

Registrar's No.

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Rural Atchison township
(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: (Specify whether
In this community: 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 2 miles South Clearmont
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Virgil Materson Thompson

3. (b) If veteran, name war:

3. (c) Social Security No.: 488-14-6065

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Mildred Viola Thompson

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: Dec. 23 1907
(Month) (Day) (Year)

8. AGE: Years 35 | Months 8 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Skidmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farm hand

11. Industry or business:

FATHER 12. Name: Abner Thompson

13. Birthplace: Seneca Kansas
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Bessie Puett

15. Birthplace: St. Joseph Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Abner Thompson

(b) Address: Bedford Iowa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Ohio Cemetery

18. (a) Signature of funeral director: Pierce Funeral Home

(b) Address: Maryville, Mo.

19. (a) Aug 29 (Date received local registrar) (b) Mrs W G Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 25
year: 1943 hour: 8 45 minute: P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured Skull	
Internal Chest	
Due to: Abdominal Injuries	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operation: 170 C.C. 2V
Of autopsy: Coroners Inquest.

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): Accident 974

(b) Date of occurrence: Aug 25, 1943

(c) Where did injury occur? Clearmont Nodaway Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #71 Struck by truck (Specify type of place)

While at work? Walking on highway (e) Means of injury:

23. Signature: W. R. Gaddin (M. D. or other)

Address: Maryville Date signed: 8-28-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

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 Wm. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.