

FILED SEP 28 1943

Registration District No. 2009

Primary Registration District No. 3049

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(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 5 Days (Specify whether
In this community 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Stoutsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 26
1943 to Aug 27, 1943
that I last saw him alive on Aug 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Angina pectoris
Chronic myocarditis
Due to _____
Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death) Diabetes
Major findings:
Of operations _____
Of autopsy 92d

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)
Means of injury _____
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed [Signature]

3. (a) PRINT FULL NAME Charles Dennis Thompson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 9 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 18 _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business Own Shop

12. Name George W. Thompson

13. Birthplace Stoutsville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Poague

15. Birthplace Stoutsville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant O.P. Thompson

(b) Address Monroe City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date of death Aug 29, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville Cemetary

18. (a) Signature of funeral director [Signature]

(b) Address Monroe City, Mo

19. (a) 8-28-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SEP 26 1943

SEP 27 1943

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 By me

..... Registered Apprentice No.

working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroeville, Pa

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.