DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32856

FILED SEP 16 1943

Registration District No. 975

Primary Registration District No. 6278

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartville Rural Brush
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At her home near webb's Grove 3 miles north of Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 55 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright 114
(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles north of Hartville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Born in U.S.A. years.

3. (a) PRINT FULL NAME SADIE GARFIELD THOMPKINS

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F. 3

5. Color or race C.

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

6. (b) Name of husband or wife Eddie Thompkins

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 11 (Month) 28 (Day) 1887 (Year)

8. AGE: Years 55 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Von Vaden
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Virginia Oliver
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 28 (Day) 1943 (Year)
(c) Place: burial or cremation Oliver Cem.

18. (a) Signature of funeral director Gene E Holdren
(b) Address Hartville Mo

19. (a) 8-3-43 (Date received local registrar) (b) W Swynn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 1943 hour 12:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10th, 1943, to July 15th, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insuffiency

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

93 e 2

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 H. Murrell (M. D. or other)
Address Hartville Mo Date signed 7-29-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADIN[redacted] INK—MAKE A PERMANENT RECO[redacted]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19311

RECEIVED
District Health Officer No. 6,
District File Number 943-1108
Date Filed 9-15-43

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address: Hartville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
I—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 375 Primary Registration District No. 6278 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Brush Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Sadie Garfield Thompkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 28 (Day) 1888 (Year)

8. AGE: Years 55 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Home Often
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 8-3-43 (Date received local registrar) (b) W. L. Wynne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 4 year 1943 hour minute 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.

Immediate cause of death Cardiac Insufficiency

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

32856