

34062

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

NOV 12 1943

Registration District No. 31Primary Registration District No. 5107Registrar's No. 19

## 1. PLACE OF DEATH:

(a) County Benton,  
 (b) City or town Lincoln Rural, WHITE IN  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: NO, /  
 (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 her life, (Specify whether  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Lincoln Mo (b) County Benton  
 (c) City or town Rural  
 (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 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 29 day 29  
 year 1943 hour 7:00 minutes 30 A.M.  
 21. I hereby certify that I attended the deceased from and when  
9 got there, 19... to... 19...  
 that I last saw him... alive on... 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis Duration  
Influenza  
 Due to...  
 Due to... 330  
 Other conditions Exposure  
 (Include pregnancy within 3 months of death)

## PHYSICIAN

Major findings:  
 Of operations  
 Of autopsy  
 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 S. O. Stratton (M. D. or other)  
 Address Lincoln Date signed 11/29/43

3. (a) PRINT FULL NAME Anna Louise Thompson,3. (b) If veteran, No, name war  
3. (c) Social Security No. NO,4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Single6. (b) Name of husband or wife  
6. (c) Age of husband or wife if7. Birth date of deceased July 7 1932  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
11 3 22 hr. min.9. Birthplace Lincoln (City, town, or county) (State or foreign country)10. Usual occupation none

## 11. Industry or business

12. Name Paul Thompson  
 13. Birthplace Lincoln (City, town, or county) (State or foreign country) Mo, 0  
 14. Maiden name Carrie Jackson,  
 15. Birthplace Lincoln (City, town, or county) (State or foreign country) Mo, 0

16. (a) Informant Carrie Jackson,  
 (b) Address Lincoln Mo,  
 17. (a) Burried, (b) Date thereof Oct, 30 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vincent Ceme,  
 18. (a) Signature of funeral director J. B. Calbert,  
 (b) Address Lincoln Mo,

19. (a) Nov. 8 - 1943 (b) Pauline Harms,  
 (Date received local registrar) (Registrar's signature)

1341 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 10-43-1236

Date Filed 11-10-48

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 Me, Registered Apprentice No. working under my personal supervision.

Signed J. B. Calbert Licensed Embalmer No. 25.00 P. O. Address Lincoln 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.