

S. No. 2
M-2.43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34555

State File No. _____

Registrar's No. 109

FILED NOV 12 1943

Primary Registration District No. 5362

1. PLACE OF DEATH:

(a) County DAVIESS - Jamesport

(b) City or town JAMESPORT TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution RFD # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 49 years (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DAVIESS

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

(d) Street No. R70 # 1 (If rural, give location)

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

3. (a) PRINT FULL NAME Ida M Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 3:00 minute 11 M.

21. I hereby certify that I attended the deceased from Oct 10-1943
to Oct 16 - 1943

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John W. Thompson

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

7. Birth date of deceased March 10 1873
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

8. AGE: Years 70 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business: none

12. Name Daniel Teasler

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

14. Maiden name Sarah Saulk

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

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: F. B. Bailey (M. D. or other) 100

Address: Jamesport Mo. Date signed: 10-17-43

16. (a) Informant John Thompson

(b) Address K.C. Mo.

17. (a) burial (b) Date thereof 10 17 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Church, Jamesport Mo.

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Stoughton Mo.

19. (a) 10-17-1943 (b) L. O. Jefferson
(Date received local registrar) (Registrar's signature)

Duration 6 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1084 (Licensed Embalmer's Statement on Reverse Side)

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

31
0
0

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.....

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

Signed *Raymond A. Williams*
.....

Licensed Embalmer No. *3424*
.....

P. O. Address *Denton 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.