

S. No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38192

State File No. _____

Registration District No. 120

Primary Registration District No. 5450

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Miller
(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)

In this community Most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

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

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

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

3. (a) PRINT FULL NAME Mortica Oliver Thompson

(b) If veteran, name war _____ (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 10:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 25
1943 to Nov 29, 1943,
that I last saw him alive on Nov 29, 1943,
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb 9 1876
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

8. AGE: Years Months Days If less than one day

67 9 20 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farming

12. Name Chas Thompson

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Susan Dawson

15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Forest Slaybaugh
(b) Address Pattonsburg Mo R.I.

17. (a) Burial (b) Date thereof 02-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Fall Mo

18. (a) Signature of funeral director G. Bromer
(b) Address Pattonsburg Mo

19. (a) Dec 4-1943 (b) Stoner H. Decker
(Date received local registrar) (Registrar's signature)

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 John F. Stacker (M. D. or other) _____
Address Pattonsburg Mo Date signed 11/29/43

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

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 *G. Schaner*

Licensed Embalmer No. *2857*

P. O. Address *Potomac md*

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.