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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38746

FILED DEC 8 1943

Registration District No. 2229

Primary Registration District No. 4343

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: New Florence Mo

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

(c) Name of hospital or institution: None

(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: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery

(c) City or town: New Florence, Mo

(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

3. (a) PRINT FULL NAME: JOHN MORGAN THOMPSON

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Pearl Page

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: Feb (Month) 10 (Day) 1886 (Year)

8. AGE: Years 57 Months 9 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Blacksmith

11. Industry or business: W

MOTHER FATHER

12. Name: William B Thompson

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

14. Maiden name: Mary Page Anderson

15. Birthplace: Middletown Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Morgan Thompson

(b) Address: New Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 18 1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: New Florence Cemetery

18. (a) Signature of funeral director: Jerman Lee

(b) Address: Montgomery City Mo

19. (a) Nov 16 1943 (Date received local registrar) (b) Mrs Elmer Zweifel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 15 day ..... year 1943 hour 9:30 minute ..... P. 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: Coronary Thrombosis — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): G+A

Major findings:

Of operations .....

Of autopsy .....

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? Found dead in Bed at Home (Specify type of place)

While at work? ..... (e) Means of injury: 2

23. Signature: F. J. Bell J.P. acting coroner (M. D. or other)

Address: Jonesburg, Mo. Date signed 11-15-43

1061

(Licensed Embalmer's Statement on Reverse Side)

38X98

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City

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.