

S. No. 2
A-5-42
1-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38978

FILED NOV 18 1943

Registration District No. 294

Primary Registration District No. 3056

State File No. _____

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hosp - Moberly - Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hrs.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. 8mi. S. Paris
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ray Clarence Thompson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1943 hour 4:45 minute 0 M.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Aug. 3 1929
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 8 1943 to Oct 9 1943; that I last saw him alive on Oct 9 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 14 Months 2 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Brain injury Duration 17:00

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

Due to automobile - train accident

10. Usual occupation School Boy

Due to _____

11. Industry or business In school

Other conditions 1700
(Include pregnancy within 3 months of death)

12. Name Samuel Clarence Thompson

Major findings: 173

13. Birthplace Monroe, Co. Mo.
(City, town, or county) (State or foreign country)

Of operations _____

14. Maiden name Beulah B. Smith

Of autopsy I do not know

15. Birthplace Monroe, Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah B. Adams

(b) Address Paris Mo R. 3

17. (a) BURIAL (b) Date thereof Oct. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of (funeral director) Speed + Blaney

(b) Address Paris, Mo.

19. (a) 10-14-43 (b) Uma Nave
(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) accident 067

(b) Date of occurrence Oct 8, 1943

(c) Where did injury occur? Paris Monroe Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railway crossing
While at work? No (Specify type of place) (e) Means of injury auto and cart

23. Signature R.D. Streetor (M. D. or other) M.D.

Address Moberly, Mo. Date signed Oct. 14/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Engine collected

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-43-1869

Date Filed NOV 16 1943

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.....

A. A. Blakey

Licensed Embalmer No.....

2616

P. O. Address.....

Pennic, 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.