

FILED NOV 23 1943

Registration District No.

Primary Registration District No. 3072

Registrar's No. 212

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 years, months or days)

3. (a) PRINT FULL NAME MARTIN L THOMPSON

3. (b) If veteran, name war 3. (c) Social Security No 498-263853

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eula Thompson 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Mar 12 1898
(Month) (Day) (Year)

8. AGE: 43 Years 6 Months 19 Days If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Shoe Factory

12. Name Lee Thompson

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

14. Maiden name Spish Green

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

16. (a) Informant Eula Thompson

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 11-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director T. D. Ferguson

(b) Address Saline Mo

19. (a) 11-3-43 (b) Mo T O Weather
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 418 1/2 Conway St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct 19th 1943 to Nov 1st 1943
that I last saw him alive on Oct 31st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration few Days

Due to 107

Due to 107

Other conditions Hemiplegia 3 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy no 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) (c) Means of injury

23. Signature W H Madison (M. D. or other)

Address Marshall Mo Date signed 11-2-43

RECEIVED
District Health Officer No. ...
District File Number ...
Date Filed 11-22-43

NOV 24 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 F. W. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.