

FILED JAN 6 1944

Registration District No. 166

Primary Registration District No. 4254

Registrar 76

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Knobroster Mo
(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 50 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elisabeth Thompson

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased March 16 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name HARRISON VAN NATTA

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

14. Maiden name MATTHEE Olden

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

16. (a) Informant Mrs. H. A Wimer

(b) Address Knobroster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1943
(Month) (Day) (Year)

(c) Place: burial or cremation City of Knobroster Mo.

18. (a) Signature of funeral director C. P. Sault

(b) Address Knobroster Mo

19. (a) Dec 4 1943 (Date received local registrar) (b) Mrs. C. P. Sault (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Knobroster
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1943 hour 5:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 1st, 1943 to Dec 3, 1943
that I last saw her alive on Dec 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death 1) Traumatic (Pneumonia) (Hypertension)
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. W. Gentry M.D. (M. D. or other) _____
Address Knobroster Mo Date signed Dec 4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-44

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

C. L. Sault

Registered Apprentice No.

working under my personal supervision.

Signed

C. L. Sault

Licensed Embalmer No.

1086

P. O. Address

Knob Noster 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.