

1930 FEB 14 1944

State File No. _____

Registration District No. 46

Primary Registration District No. 5152

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Potosi Rural, 2nd Ward
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William A. Thompson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan 3, 1944, to Jan 24, 1944;
that I last saw him alive on Jan 23, 1944
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased August 17 - 1854
(Month) (Day) (Year)

Immediate cause of death: Robar Pneumonia Rt
Pleur lob 4 days

Due to Myocardial Exhaustion

Due to Acute Glomerular Nephritis 2 weeks

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

8. AGE: Years 87 Months 5 Days 7 If less than one day _____ hr. _____ min.

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

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Wyllis Thompson

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

14. Maiden name Duggan

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

16. (a) Informant W. A. Thompson
(b) Address Potosi Mo

17. (a) Burial (b) Date thereof 1-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trimmer Cemetery

18. (a) Signature of funeral director Kilsparke Conley
(b) Address Potosi Mo

19. (a) Feb 4/44 (b) Corrine J. Gault
(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 Ch W. Wilson (M. D. or other) _____
Address Potosi Mo Date signed 1-25-44

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

13
0
0

MOTHER FATHER

96

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.....

Licensed Embalmer No.....

P. O. Address.....

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.