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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6868

FILED FEB 17 1944

Registration District No. 69

Primary Registration District No. 4122

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa  
(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 30 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

(c) City or town Nixa  
(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. ....

3. (a) PRINT FULL NAME Rahel Thompson

3. (b) If veteran, name war none

3. (c) Social Security No. 500-01-7770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28<sup>th</sup> year 1943 hour 9 minute A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Millie Thompson

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Nov 22 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 3, 1943, to Dec 28, 1943, that I last saw him alive on Dec 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 25 days

8. AGE: Years 60 Months 1 Days 6 If less than one day hr. min.

Due to h

Due to x

Due to x

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

10. Usual occupation barber

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

Major findings: Of operations x

Of autopsy none

11. Industry or business

MOTHER FATHER { 12. Name Richard Thompson

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

14. Maiden name Sarah Pruitt

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

Physician J. B. ...

Underline the cause to which death should be charged statistically.

16. (a) Informant Mattie Glenn

(b) Address Nixa - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Glynn Cemetery

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) 12-30-43 (Date received local registrar) (b) J. W. Maples (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) x

(b) Date of occurrence x

(c) Where did injury occur? v  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury 1

While at work? 1

23. Signature J. B. ... (M. D. or other)  
Address Nixa, Mo. Date signed 1/30/48

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

RECEIVED

District Health Officer No. 6,

District File Number 244-221

Date Filed FEB 15 1944

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 J. W. Maples  
Licensed Embalmer No. 2985  
P. O. Address Clener M.O.

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.