

S. No. 2  
M-5-42  
V. 5-17-39  
P-I X32873

7044

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 6 1944

Primary Registration District No. 5374

Registrar's No. 187

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Osborn Rural-Colfax  
(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 years, months or days)

In this community 3 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 3rd

(c) City or town Osborn Rural  
(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 Matilda Thompson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. J. Thompson 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 12 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pelee County Ontario  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Brian Ponwick

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

14. Maiden name Ann Cross

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

16. (a) Informant J. J. Thompson  
(b) Address Osborn Mo. Rural

17. (a) Ridgeway Cemetery (b) Date thereof Jan 29 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Cemetery near Pelee Mo.

18. (e) Signature of funeral director W. G. Lyon

(b) Address Steuerthalle Mo.

19. (a) Jan 21 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1944 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 21 1944 to Jan 25 1944 that I last saw him alive on Jan 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature M. S. Gale (M. D. or other) \_\_\_\_\_

Address Osborn Mo Date signed 1/28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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. G. Lyone*  
.....  
Licensed Embalmer No. *952 -*  
.....

P. O. Address. *Stewartsville 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.**