

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Leflore  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 822 South St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISSOURI THOMPSON

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ernie W Thompson 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased Jan 3 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wellington MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER  
12. Name John Barker  
13. Birthplace not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Barron  
(b) Address Lexington MO

17. (a) Burial (b) Date thereof 2-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lexington, MO

18. (a) Signature of funeral director Temper  
(b) Address Lexington, MO

19. (a) 3-2-44 (b) Mrs. F. Schwal  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1944 hour 9 minute 05P. M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Feb 19 1944  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Chronic Renal Failure  
Due to Chronic glomerulonephritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1310

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 Dr. Temple (M. D. or other)  
Address Lexington MO Date signed 2/19/44

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

*Paup*

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 3-7-44

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Garrett J. Simpson

Licensed Embalmer No. 3275-

P. O. Address Luxington, Va.

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.