

FILED MAR 13 1944

Registration District No. ....

Primary Registration District No. 5664

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Williamstown *no address*  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community Her entire life 82 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Williamstown  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Annie Francis Tompkins

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

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

6. (b) Name of husband or wife Junis Tompkins  
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 6th 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 13 hr. min.

9. Birthplace Clark County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping at Home

11. Industry or business

12. Name John N. Nesbit  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Harris  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Ridgley  
(b) Address Williamstown, Missouri

17. (a) Burial (b) Date thereof Feb 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamstown Cemty.

18. (a) Signature of funeral director Thomas D. Gader  
(b) Address LaBelle, Missouri

19. (a) 2/25/44 (b) P. W. Jennings  
(Diploma received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th  
year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 16<sup>th</sup>, 1939, to Feb 24, 1944,  
that I last saw her alive on Feb 24, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arterial sclerosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) 830!

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) 2

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place) 2  
While at work? (e) Means of injury 200

23. Signature Dr. C. E. Todd (M. D. or other) 200  
Address Williamstown Mo. Date signed 2/25/44

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

6600

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Norman D. Leoder*

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

**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.**