

FILED MAR 14 1944

Registration District No. **237**

Primary Registration District No. **5820**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lideon R.I. Rural

(c) Name of hospital or institution: Anderson

(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 New Madrid

(c) City or town Lideon R.I.

(If outside city or town limits, write "RURAL") Anderson

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

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Mildred Badicy Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1944 hour 7 minute 30 A. M.

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

21. I hereby certify that I attended the deceased from Jan 25 1944 to Oct 23 1944 that I last saw her alive on Oct 23 1944 and that death occurred on the date and hour stated above.

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

Immediate cause of death Pulmonary pneumonia

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

7. Birth date of deceased June 10 1924 (Month) (Day) (Year)

8. AGE: Years 19 Months 8 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Parma Mo. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housework at home

12. Name Fred Thompson

13. Birthplace Clarkston Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Clapham Perry

15. Birthplace Parma Mo. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ray Thompson (sister)

(b) Address Lideon Mo. R.I.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Lindley General

(b) Address Campbell Mo

19. (a) 23-44 (b) Gerde Macome (Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10911

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) (e) Manner of injury 9

23. Signature Geo W. Fisher (Mr. D. or other) DO

Address Parma Mo Date signed 3/23/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 344-475

Date Filed 3-9-44

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.....

Christina M. Landers

Licensed Embalmer No.....

4227

P. O. Address.....

Campbell 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.