

FILED APR 12 1944

Registration District No. 270

Primary Registration District No. 4321

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Mercer County

(b) City or town Mercer, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 65

(c) City or town Princeton Mo
(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 Francis M. Thompson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1944 hour 10 minute 45 A. M.

4. Sex Male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: August 24, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March, 1944, to May 16, 1944
that I last saw him alive on March 16, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>21</u>	hr. _____ min.

Immediate cause of death Heart attack

Due to Pneumonia
Excess - Double

Due to _____

9. Birthplace Indiana (State or foreign country)

10. Usual occupation mail carrier

11. Industry or business _____

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

Major findings: 108

MOTHER FATHER

12. Name Joe Thompson

13. Birthplace unknown (State or foreign country)

14. Maiden name Wiley

15. Birthplace unknown (State or foreign country)

Physician _____

Underline the cause to which death should be charged statistically.

Of autopsy no

16. (a) Informant Herb Thompson

(b) Address Mercer, Mo

17. (a) burial (Burial, or cremation, or other disposal)

(b) Date thereof Mar 18 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Goshen Cemetery

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? _____

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo.

19. (a) 3-16-44 (Date received local registrar)

(b) Loon Martin (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J M Terry (M. D. or other)

Address Princeton Mo Date signed 3/16-44

1367

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

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JUN 2 1940

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 me

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

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Janetown 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.