

FILED APR 15 1944

Registration District No. 2

Primary Registration District No. 3071

Registrar's No. ....

1. PLACE OF DEATH:

(a) County PLATT  
(b) City or town PLATT  
(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  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline  
(c) City or town Rural  
(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

Mary Ann Thompson

3. (b) If veteran,

3. (c) Social Security

name war — No. —

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

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

7. Birth date of deceased March-16-1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Near Slater, Saline Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name James Thompson

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

14. Maiden name Elizabeth Ann Thompson

15. Birthplace Near Gibson, Saline Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant O. C. Thompson

(b) Address 601 West Grand - McAlister

17. (a) Burial (b) Date thereof 3-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director James J. Sager

(b) Address Slater, Mo

19. (a) 3-20-44 (b) Mrs. John Giger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1944 hour 4 minute 53 P.M.

21. I hereby certify that I attended the deceased from 2-20 1944 to Mar 17 1944  
that I last saw her alive on Mar 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Base Pneumonia Duration 24 hr.  
Due to Myocarditis Ch. 6 mo  
Due to Ch. distributed Septal Myo.

Other conditions 131a  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations: None

Of autopsy: None

22. If death was due to external causes, fill in the following:

Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

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

While at work? None (Specify type of place) (e) Means of injury None

23. Signature W. B. Sager (M. D. or other)

Address Slater, Mo Date signed 4-27-44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-14-48

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

*James E Jones*

Licensed Embalmer No.

3143

P. O. Address

State, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.