

No. 2  
4-2.43  
5-17-39  
1 X35697

17335

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 29

Registration District No. \_\_\_\_\_ Primary Registration District No. 5041

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Rural, F.D.R. 1.0. 4  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry 5  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME John C. Thompson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Myrtle B. Thompson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 23 year 1944 hour 7 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Oct 8 1944, to Feb 4 1944, that I last saw him alive on Feb 4 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Suicide  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

9. Birthplace Adair County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Charles Thompson  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Blenda Prebitzel  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. C. E. Seard  
(b) Address Cassville, Missouri  
17. (a) Burial (b) Date thereof March 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cemetery  
18. (a) Signature of funeral director Culver Funeral Home  
(b) Address Cassville, Missouri  
19. (a) Apr 8 - 1944 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence March 23, 1944  
(c) Where did injury occur? Cassville, Barry, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In garage at home on farm #32  
While at work? no (Specify type of place) (e) Means of injury Revolver  
23. Signature W. R. McChure (M. D. or other) D.O.  
Address Cassville, Mo. Date signed 6/3/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

587  
6/44

1077

1961 NOV

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.....

*Margaret Culver*

Registered Apprentice No. *357*

working under my personal supervision.

Signed *J. E. Culver*

Licensed Embalmer No. *3584*

P. O. Address *Cassville*

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.