

S. No. 2
M-2-43
5-17-39
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21611

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2164

FILED JUL 10 1944
Registration District No. 132

Primary Registration District No. 5477

1. PLACE OF DEATH:
(a) County Rural - Madison Co. Mo.
(b) City or town Rural - Madison Co. Mo.
(c) Name of hospital or institution: R. F. D. # 2, Trenton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 years - County (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Rural
(d) Street No. R. F. D. # 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME E. A. Thompson

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Corra Thompson 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 27 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Sale

MOTHER FATHER { 12. Name NORMAN, Thompson
13. Birthplace Russell County, Virginia
14. Maiden name Martha Elizabeth Wallace
15. Birthplace Russell County, Virginia

16. (a) Informant Paula Thompson
(b) Address R. F. D. # 2, Trenton, Mo.

17. (a) burial (b) Date thereof 6-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chubbuck, Mo.

18. (a) Signature of funeral director Raymond Harris
(b) Address Trenton, Mo.

19. (a) 6-3-44 (b) Ed Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 7:45 minute A M.
21. I hereby certify that I attended the deceased from May 1st 1944 to June 2nd 1944
that I last saw him alive on June 2nd 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Left Chest Duration 4 months
Due to Secondary to Bronchopneumonia
Due to Do not know.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 107
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) (Specify nature of injury) _____
23. Signature Robert J. [unclear] (M. D. or other) Dr. [unclear]
Address Trenton, Mo. Date June 3rd 1944

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

10000

1330

(Licensed Embalmer's Statement on Reverse Side)

1944

DEC 29 1952

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.....

working under my personal supervision.

Myself

Registered Apprentice No.....

Signed

Raymie A. Harris

Licensed Embalmer No. *3424*

P. O. Address *Trenton, 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.