

FILED JUN 20 1944

Registration District No. **2-26**

Primary Registration District No. **6128**

Registrar's No. **1**

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

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town North Eminence Mo. Shannon
 (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 0
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Shannon
 (c) City or town North Eminence Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Stella Marie Thompson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 23
 year 1944 hour 8 minute 1 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Apr 20 - 1944
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 1 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Spine Rigid
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 15 m h

10. Usual occupation _____

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business

12. Name Hiram Thompson

13. Birthplace Mo (State or foreign country)

14. Maiden name Elizabeth C. Dunn

15. Birthplace Mo (State or foreign country)

16. (a) Informant Hiram Thompson

(b) Address North Eminence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 5-23-44 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

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) Means of injury _____

23. Signature Frank Hyde MD (M. D. or other)

Address Eminence Mo Date signed 5-23-44

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

RECEIVED

District Health Officer No. 5,

District File Number. 644365-

Date Filed 6-15-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.